

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90044 046 ****50.00

DOCUMENT # M04000003600

1. Entity Name
SANDY LANE PARKING LLC



Principal Place of Business
**C/O CHETRIT GROUP
404 FIFTH AVENUE
NEW YORK, NY 10018**

Mailing Address
**C/O CHETRIT GROUP
404 FIFTH AVENUE
NEW YORK, NY 10018**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192005 Chg-LLC CR2E083 (10/03)

4. FEI Number
03-0547807

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME CHETRIT, JACOB
STREET ADDRESS 404 FIFTH AVENUE
CITY-ST-ZIP NEW YORK, NY 10018

TITLE MGR ☒ Change ☐ Addition
NAME CF SANDY LANE LLC
STREET ADDRESS 404 FIFTH AVENUE
CITY-ST-ZIP NEW YORK, NY 10018

TITLE MGR ☒ Delete
NAME CHETRIT, JOSEPH
STREET ADDRESS 404 FIFTH AVENUE
CITY-ST-ZIP NEW YORK, NY 10018

TITLE MGR ☒ Change ☐ Addition
NAME LAMARCK SOUTH BEACH LLC
STREET ADDRESS 8114 N LAMARCK AVENUE
CITY-ST-ZIP SPOTKIE, IL 60076

TITLE MGR ☒ Delete
NAME CHETRIT, MEYER
STREET ADDRESS 404 FIFTH AVENUE
CITY-ST-ZIP NEW YORK, NY 10018

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #