


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90096 002 ****50.00

DOCUMENT # M04000003604 1. Entity Name SANDY LANE ELEVEN 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		
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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	MGR CHETRIT, JACOB 404 FIFTH AVENUE NEW YORK, NY 10018	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CF SANDY LANE LLC 404 FIFTH AVENUE NEW YORK, NY 10018	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHETRIT, JOSEPH 404 FIFTH AVENUE NEW YORK, NY 10018	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANGRANK SOUTH BEACH LLC 8114 N LAMDALE AVENUE SKOKIE, IL 60076	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHETRIT, MEYER 404 FIFTH AVENUE NEW YORK, NY 10018	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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 MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
				Date _____ Daytime Phone # _____	

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04192005 Chg-LLC CR2E083 (10/03)

4. FEI Number **03-0547805** Applied For
Not Applicable

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