

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 22, 2006 08:00 AM
Secretary of State

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**



08082006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

03-0547805

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 September 8, 2006**

U000000575029
08/22/06-80009-011 350.00

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|--------------------------|
| TITLE | MGR |
| NAME | CF SANDY LANE LLC |
| STREET ADDRESS | 404 FIFTH AVENUE |
| CITY-ST-ZIP | NEW YORK, NY 10018 |
| TITLE | MGR |
| NAME | LANDMARK SOUTH BEACH LLC |
| STREET ADDRESS | 8114 N LAWDALE AVE |
| CITY-ST-ZIP | SKOKIE, IL 60076 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #