FILED
08 AUG 12 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000003604

1. Entity Name
SANDY LANE ELEVEN LLC

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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
c/o WSA Management LLC	c/o WSA Management LLC
Suite, Apt. #, etc. 100 Ring Road West	Suite, Apt. #, etc. 100 Ring Road West
City & State Garden City, NY	City & State Garden City, NY
Zip 11530 Country USA	Zip 11530 Country USA

07242008 Chg-LLC CR2E083 (12/06)

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

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS $538.75
Due by September 12, 2008

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CF SANDY LANE LLC 2399 COLLINS AVENUE MIAMI BEACH, FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANDMARK SOUTH BEACH LLC 8114 N LAWNDALE AVE SKOKIE, IL 60076	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000134362250
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ______________________ 8/11/08 2127300100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CSC. CORPORATION SERVICE COMPANY

M04000003604

ACCOUNT NO. : 072100000032

REFERENCE : 682421 4300043

AUTHORIZATION :

COST LIMIT : $ 543.75

ORDER DATE : August 11, 2008

ORDER TIME : 8:21 AM

ORDER NO. : 682421-035

CUSTOMER NO: 4300043

RECEIVED
08 AUG 12 AM 10:49
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: SANDY LANE ELEVEN LLC

XX ___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cindy Harris-EXT#2937

EXAMINER'S INITIALS:

FILED
08 AUG 12 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA