


**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90124 035 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # M06000000251</b>			
1. Entity Name <b>SANDLER INVESTMENTS, LLC</b>			
Principal Place of Business C/O AMELIA E. HEATH/HOLLAND & KNIGHT 111 S.W. FIFTH AVE., SUITE 2300 PORTLAND, OR 97204		Mailing Address C/O AMELIA E. HEATH/HOLLAND & KNIGHT 111 S.W. FIFTH AVE., SUITE 2300 PORTLAND, OR 97204	
2. Principal Place of Business - No P.O. Box # <b>Patricia Welch Schutz</b> Suite, Apt. #, etc. <b>625 SW Broadway, 5th Floor</b> City & State <b>Portland, OR</b> Zip <b>97205</b> Country		3. Mailing Address <b>Intrastate Registered Agent Corporation</b> Suite, Apt. #, etc. <b>701 Brickell Ave., #3000</b> City & State <b>Miami, FL</b> Zip <b>33131</b> Country	
		4. FEI Number <b>20-4195322</b> Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>INTERSTATE REGISTERED AGENT CORPORATION</b> <b>701 BRICKELL AVE., SUITE 3000</b> <b>MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>Intrastate Registered Agent Corporation</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to: <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR SCHUTZ, PATRICIA W 625 S.W. BROADWAY, FIFTH FLOOR PORTLAND, OR 97205</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <b>3-27-07</b> 503 <b>242-1300</b> <small>Daytime Phone #</small>	