


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90002 028 \*\*\*\*50.00

**DOCUMENT # L01000014443**

1. Entity Name  
**SD FINANCIAL AND REAL ESTATE VENTURES, LLC**



Principal Place of Business  
**7390 SARIMENTO PLACE  
 DELRAY BEACH, FL 33446**

Mailing Address  
**7390 SARIMENTO PLACE  
 DELRAY BEACH, FL 33446**

**24065723**



2. Principal Place of Business  
**10 Wincove Lane**

3. Mailing Address  
**10 Wincove Lane**

Suite, Apt. #, etc.

02172004 Chg-LLC CR2E083 (10/03)

City & State  
**Rockledge, FL**

City & State  
**Rockledge, FL**

4. FEI Number  
**65-1132632**

Applied For  
 Not Applicable

Zip  
**32955**

Country  
**U.S.**

Zip  
**32955**

Country  
**U.S.**

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

6. Name and Address of Current Registered Agent

**DINER, SANDRA S  
 7390 SARIMENTO PLACE  
 DELRAY BEACH, FL 33446**

7. Name and Address of New Registered Agent

Name  
**Diner, Sandra S.**

Street Address (P.O. Box Number is Not Acceptable)  
**10 Wincove Lane**

City  
**Rockledge**

State  
**FL**

Zip Code  
**32955**

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 *Sandra S.* DATE 4/29/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DINER, SANDRA 7390 SARIMENTO PLACE DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Diner, Sandra 10 Wincove Lane Rockledge, FL 32955 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sandra S.* DATE 4/29/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #