


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90511 050 \*\*\*538.75

**DOCUMENT # L01000014443**

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



Principal Place of Business  
**10 WINCOVE LANE**  
**ROCKLEDGE, FL 32955**

Mailing Address  
**10 WINCOVE LANE**  
**ROCKLEDGE, FL 32955**



2. Principal Place of Business - No P.O. Box #  
 Suits, Apt. #, etc.

3. Mailing Address  
 Suits, Apt. #, etc.

01252008 Chg-LLC CR2E083 (12/06)

City & State  
 Zip Country

4. FEI Number  
**65-1132632**

Applied For  
 Not Applicable

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

8. Name and Address of Current Registered Agent  
**DINER, SANDRA S**  
**10 WINCOVE LANE**  
**ROCKLEDGE, FL 32955**

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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 10 WINCOVE LANE ROCKLEDGE, FL 32955 <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 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] **5/16/08 561-039**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER: MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #