2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000012956

1. Entity Name SDE, LLC



FILED Apr 26, 2007 08:00 A Secretary of State

Principal Place of Business

4000 NORTH FEDERAL HIGHWAY, SUITE 206 BOCA RATON, FL 33431

Mailing Address C/O P.J. HAMADA 1000 OMNI BLVD. NEWPORT NEWS, VA 23606



04202007 No Chg-LLC

CR2E083 (11/05)

| 4. | , FEI Number | |
|------------|--------------|--|
| 20-0814847 | | |
| | | |

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MACLAREN LINDA O

| 798 SO. FEDERAL HWY., STE. 100 BOCA RATON, FL 33432 | | IN THIS SPACE |
|--|---|--|
| 8. The above the obligation | named entity submits this statement for the purpose of char tions of registered agent. | inging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acce |
| SIGNATURE. | Signature, typed or printed name of registered agent and title if applicable | (NOTE: Registered Agent signature required when reinstaling) DATE |
| F | iling Fee is \$50.00 ue by May 1, 2007 | |
| 9. | MANAGING MEMBERS/MANAGERS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ECONOMOS, NICHOLAS 4000 NORTH FEDERAL HIGHWAY, SUITE 206 BOCA RATON, FL 33431 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | U00000735694 05/10/07-80043-022 50.4 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | | |

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 path; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered acceptable as execute this report as required by Chapter 608, Florida Statutes.

SIGN

STREET ADDRESS CITY-ST-ZIP

NICK ECONOMOS

04/25/2007

(757) 591-3519

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #