2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 31, 2005 8:00 am Secretary of State 05-31-2005 90647 031 ****50.00

DOCUMENT # L0400071363 1. Entity Name S & D REALTY OF PALM BEACH GARDEN, LLC						05-31-2005	90647 03	1 ****5	0.00
Principal Place of Business Mailing Address					andecuua				
16 ST. GEOR	ge place Garden, fl 33418	16 ST. GEORGE PLACE Palm Beach Garden, FL 33418							
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05062005	Chg-LLC	CR2E08	3 (10/03)		
City & State		City & State		4. FEI Numbe	r .			plied For t Applicable	
Zip	Country Zip Co		Countr	у	5. Certificate of Status Desired S5.00 Additional Fee Required				
	6. Name and Address of Current R	egistered Agent		N.	7. Name and	Address of New R	egistered Ag	ent	
DIETRAFESS DICHARD C				Name					
PIETRAFESS, RICHARD C 16 ST. GEORGE PLACE PALM BEACH GARDEN, FL 33418				Street Address (P.O. Box Number is Not Acceptable)					
17.20, 52	(A)								
				City	FL Zip Code				9
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	d office or registe	red agent, or bot	h, in the State of Flo	orida. I am fai	miliar with,	and accept
SIGNATURE .		d Mile if and in the control of the	E. D. control	Agent signature require	d when mineration)		DATE		
	I F I- 650 00			<u>. · </u>		Mak	e check no	rable to	
Fil Due t	ing Fee is \$50.00 by September 7, 2005						e check pay a Departmen		•
Fil Due t	ing Fee is \$50.00 by September 7, 2005 MANAGING MEMBER	S/MANAGERS	10.				Departme		•
9.	MANAGING MEMBER MGRM	S/MANAGERS	TITLE			Florida	Department CHANGES		Addition
9. TITLE	MANAGING MEMBER MGRM PIETRAFESA, RICHARD C	<u>_</u>	TITLE NAME			Florida	Department CHANGES	nt of State	
9.	MANAGING MEMBER MGRM PIETRAFESA, RICHARD C 16 ST. GEORGE PLACE	☐ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP		Florida	Department CHANGES	nt of State	
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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 informatio 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 AND TYPED ON PRINTED NAME OF SIGNATURE MANAGER, OR AUTHORIZED REPRESENTATIVE 05/23/05 315 479 0390