

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000071363

1. Entity Name
S & D REALTY OF PALM BEACH GARDEN, LLC



Principal Place of Business 16 ST. GEORGE PLACE PALM BEACH GARDEN, FL 33418	Mailing Address 16 ST. GEORGE PLACE PALM BEACH GARDEN, FL 33418
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DO NOT WRITE IN THIS SPACE



03282006 No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**PIETRAFESS, RICHARD C
16 ST. GEORGE PLACE
PALM BEACH GARDEN, FL 33418**

**DO NOT WRITE
IN THIS SPACE**

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)

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIETRAFESA, RICHARD C 16 ST. GEORGE PLACE PALM BEACH GARDEN, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIETRAFESA, SARAH 16 ST. GEORGE PLACE PALM BEACH GARDEN, FL 33418
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04/18/06-80052-006 50.00

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IN THIS SPACE**

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: Richard C. Pietrafesa Richard C. Pietrafesa 3/30/06 5616225341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #