

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90023 011 \*\*\*138.75

**DOCUMENT # L05000081129**  
 1. Entity Name  
 LDC SUMTER ACQUISITIONS, LLC



Principal Place of Business  
 550 BILTMORE WAY, SUITE 1110  
 CORAL GABLES, FL 33134

Mailing Address  
 550 BILTMORE WAY, SUITE 1110  
 CORAL GABLES, FL 33134

**60031316**



01152008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-4463522	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

SCHECHTER, ROSA E ESQ.  
 550 BILTMORE WAY, SUITE 1110  
 CORAL GABLES, FL 33134

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STERN, RODOLFO 550 BILTMORE WAY 1110 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SERVIANSKY, DAVID 5550 BILTMORE WAY 1110 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STERN, EDUARDO 550 BILTMORE WAY 1110 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HORWITZ, ROBERTO 550 BILTMORE WAY 1110 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECKSTEIN, BERNARD 550 BILTMORE WAY 1110 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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:** Rodolfo Steen 4-22-08 (305) 461-2440

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