


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90088 049 ***138.75

DOCUMENT # L07000119872

1. Entity Name
SPDC WALDEMERE, LLC



Principal Place of Business Mailing Address
1921 WALDEMERE STREET SUITE 107 **1921 WALDEMERE STREET SUITE 107**
SARASOTA, FL 34239 **SARASOTA, FL 34239**

60017615



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02202008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
65000 9778 Not Applicable

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

6. Name and Address of Current Registered Agent

BLALOCK, WALTERS, HIELD & JOHNSON, P.A.
802 14TH STREET WEST
BRADENTON, FL 34205
Wzber, Herman
1921 Waldemere St # 107
SARASOTA, FL 34239

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 **2-29-08**

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

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	THE HERNANDO WEBER REVOCABLE TRUST	
STREET ADDRESS	1921 WALDEMERE STREET SUITE 107	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	COVER, DOMINICK E MD	
STREET ADDRESS	1921 WALDEMERE STREET SUITE 107	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CHOSE, RANJAN P MD	
STREET ADDRESS	1921 WALDEMERE STREET SUITE 107	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FINEMAN, STEVEN W MD	
STREET ADDRESS	1921 WALDEMERE STREET SUITE 107	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MAGIERA, CANDY	
STREET ADDRESS	1921 WALDEMERE STREET SUITE 107	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BOBISH, DAVID	
STREET ADDRESS	1921 WALDEMERE STREET SUITE 107	
CITY-ST-ZIP	SARASOTA, FL 34239	

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ **2/29/08** **941-917-6585**

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