

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jul 06, 2005  
Secretary of State**

DOCUMENT# M03000000950

Entity Name: S DEVELOPMENT GROUP LLC

**Current Principal Place of Business:**

3111 NEW HYDE PARK ROAD  
NORTH HILLS, NY 11040

**New Principal Place of Business:**

**Current Mailing Address:**

3111 NEW HYDE PARK ROAD  
NORTH HILLS, NY 11040

**New Mailing Address:**

FEI Number: 14-1875613      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: SPECTOR, MARC B  
Address: 3111 NEW HYDE PARK ROAD  
City-St-Zip: NORTH HILLS, NY 11040

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: SHAPIRO, STEPHEN  
Address: 3111 NEW HYDE PARK ROAD  
City-St-Zip: NORTH HILLS, NY 11040

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARC B. SOECTOR

MGRM

07/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date