


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

08 JUN -2 AM 8:35

**DOCUMENT # A0100001136**

1. Entity Name  
 SD FINANCIAL AND REAL ESTATE VENTURES LIMITED PARTNERSHIP



Principal Place of Business  
 10 WINCOVE LANE  
 ROCKLEDGE, FL 32955

Mailing Address  
 10 WINCOVE LANE  
 ROCKLEDGE, FL 32955



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01252008 Chg-LP CR2E003 (12/06)

City & State

4. FEI Number  
 65-1134747

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SD FINANCIAL AND REAL ESTATE VENTURES, LLC  
 10 WINCOVE LANE  
 ROCKLEDGE, FL 32955

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 \_\_\_\_\_

700130451107  
 05/30/08--01007--001 \*\*\*300.00

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L01000014443	STREET ADDRESS	
NAME	SD FINANCIAL AND REAL ESTATE VENTURES, LLC	CITY-ST-ZIP	
STREET ADDRESS	10 WINCOVE LANE		
CITY-ST-ZIP	ROCKLEDGE, FL 32955		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: [Signature] Date: 5/12/08 Daytime Phone #: 561 239 0448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER