### 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A05000000988 1. Entity Name SDI PROPERTIES, LTD.



FILED Jan 25, 2007 08:00 A Secretary of State

Principal Place of Business 903 GUISANDO DE AVILA TAMPA, FL 33613

Mailing Address 903 GUISANDO DE AVILA TAMPA, FL 33613



| DO | NOT | WRITE | IN THIS | SPACE |
|----|-----|-------|---------|-------|
|----|-----|-------|---------|-------|

01082007 No Cha-LP CR2E003 (12/06)

4. FEI Number 20-2909964

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Name and Address of Current Registered Agent

LEIBOWITZ, EDWARD R 903 GUISANDO DE AVILA TAMPA, FL 33613

## DO NOT WRITE IN THIS SPACE

| <ol> <li>The above named entity submits this statement for the purpose of charge the obligations of registered agent.</li> </ol> | anging its registered office or registered agent, or both, in the State of Florid | I am familiar with, and accept |
|--|---|--------------------------------|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable.  |   | DATE                           |

# FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. e form; an amendment must be filed to change a general partner.

|  |   | NOTE: General Partners MAY  | NOT be changed on the |  |  |
|--|---|---|-----------------------|--|--|
|  | 12.   | GENERAL PARTNER INFORMATION   |                       |  |  |
|  | DOCUMENT I<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | L05000048672<br>ERL MANAGEMENT, LLC<br>903 GUISANDO DE AVILA<br>TAMPA, FL 33613 |                       |  |  |
|  | DOCUMENT /<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |                       |  |  |
|  | DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP       |   |                       |  |  |
|  | DOCUMENT #  |   |                       |  |  |

U00000602568 01/26/07-80096-004 500.00

# DO NOT WRITE IN THIS SPACE

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 apquired by Chapter 520, Florida Statutes.

SIGNATURE: (

MAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

OF SIGNING GENERAL