2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

DOCUMENT #_L00000013686



FILED Feb 11, 2008 08:00 AM

1. Entity Name S & D PROPERTIES, L.L.C.						Secretary of State			
Principal Plac	ce of Busines	S	Mailing Address						
3545 UNITE SAINT AUG	ED STATES SUSTINE FL	ONE SOUTH 32086	3545 US 1 SOUTH SAINT AUGUSTINE FL 32086						
2. Principai f	Place of Busin	ness - No PO. Box #	3. Mailing Address			1 15511011 DH 5540 35111 56111 88111 88111 88111 1	188 68503 B		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1st MOORE CR2E08	33 (10/07)		
Cily & State			City & State			4. FEI Number 59-3684067		plied For ot Applicable	
Zíp	Country		Zip	Zip Gountry		5. Certificate of Status Desired See Required Fee Required			
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent			
BANEN IOUN BUR					Name				
C/C	LEY, JOH DUPCHUR N PONC	N D JR RCH BAILEY AND L E DE LEON BLVD	IPCHURCH PA		Street Address (P.O. Box Number is Not Acceptable)				
ST /	AUGUSTI	NE FL 32084							
					City		L Zip Coa	е	
8. The above the obligat	named entity tions of regist	y submits this statement for ered agent.	the purpose of changing its	s registere	Led office or register	red agent, or both, in the State of Florida. I ar	n familiar with,	and accept	
SIGNATURE Signature, typed or or modification dispersion agent and the Telephone INOTE Royalterst Apart squature required when remarking) DATE									
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 MEMBER	S/MANAGERS	10.		ADDITIONS/CHANGE	S		
TITLE	MGR		☐ Delete	TATLE			Change	Addition	
NAME	DIMARE, W. FRANK		NAN			######################################			
STREET ADDRESS 3545 UNITED STATES ONE SOUT CITY-ST-ZIP SAINT AUGUSTINE FL 32086			STREET ADDRESS CITY-ST-Z:P			U00000824367 02/20/08-80074-012 138.75			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Caytoria Poices #