## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L01000016771

1. Entity Name SDC PROPERTIES, LLC



FILED Apr 27, 2006 08:00 AN Secretary of State

Principal Place of Business

430 10TH ST SW VERO BEACH, FL 32962

SIGNATURE:

Mailing Address

430 10TH ST SW VERO BEACH, FL 32962



DO NOT WRITE IN THIS SPACE 04192006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1153470 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

SAUERBERG, ERIC M ESQ. 200 VILLAGE SQUARE CROSSING, STE. 102 PALM BEACH GARDENS, FL 33410

## DO NOT WRITE IN THIS SPACE

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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE			
Filing Fee is \$50,00 Due by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CANNON, SUSAN 343 13TH LN SW VERO BEACH, FL 32962	-	U00000537695 05/09/06-80028-013 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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 cath; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE