

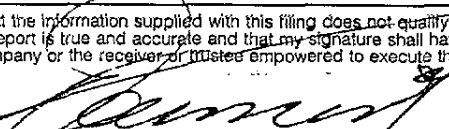


**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000017892</b> 1. Entity Name <b>SDE-CADILLAC, LLC</b>			
Principal Place of Business <b>4000 N. FEDERAL HWY., SUITE 206 BOCA RATON, FL 33431</b>		Mailing Address <b>1000 OMNI BLVD. NEWPORT NEWS, VA 23606</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		03272006No Chg-LLC      CR2E083 (11/05)	
		4. FEI Number <b>20-1458148</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>MACLAREN, LINDA O 798 SO. FEDERAL HIGHWAY, SUITE 100 BOCA RATON, FL 33432</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ECONOMOS, NICHOLAS 4000 N. FEDERAL HWY., SUITE 206 BOCA RATON, FL 33431</b>	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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 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.  <b>SIGNATURE:</b>  <b>NICK ECONOMOS</b> 04/04/2006      (757) 591-3519 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>			