

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 16, 2004 8:00 am**  
**Secretary of State**

08-16-2004 90133 019 \*\*\*\*50.00

**DOCUMENT # L03000027400**

1. Entity Name  
**SDE-BA, LLC**



Principal Place of Business  
**4000 N. FEDERAL HWY., STE. 206  
 BOCA RATON, FL 33431**

Mailing Address  
**4000 N. FEDERAL HWY., STE. 206  
 BOCA RATON, FL 33431**

**44052081**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**1000 OMNI BLVD**  
 Suite, Apt. #, etc.

07152004 Chg-LLC CR2E083 (10/03)

City & State  
**NEWPORT NEWS, VA**

4. FEI Number  
**20-1441065**

Applied For  
 Applied For  
 Not Applicable

Zip  
**23606**

Country

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MACLAREN, LINDA O**  
**798 SOUTH FEDERAL HWY., STE. 100**  
**BOCA RATON, FL 33432**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

**Filing Fee is \$50.00 Due by September 8, 2004**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ECONOMOS, NICHOLAS 4000 N. FEDERAL HIGHWAY, SUITE 206 BOCA RATON, FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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**

Date: **8/12/04** Daytime Phone #: **(754) 591-3519**