


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # L03000027400 1. Entity Name SDE-BA, LLC	
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Principal Place of Business 4000 N. FEDERAL HWY., STE. 206 BOCA RATON, FL 33431	Mailing Address 1000 OMNI BLVD. NEWPORT NEWS, VA 23606
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04202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1441065	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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**DO NOT WRITE
IN THIS SPACE**

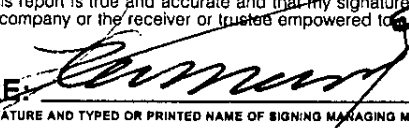
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ECONOMOS, NICHOLAS 4000 N FEDERAL HIGHWAYT STE 206 BOCA RATON, FL 33431
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05/10/07-80043-023 50.00

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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.	
SIGNATURE  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	NICK ECONOMOS 04/25/2007 (757) 591-3519 <small>Date Daytime Phone #</small>