2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L0400001356

1. Entity Name T.S.D.G., LLC



Jan 29, 2007 08:00 AM **Secretary of State**

FILED

Principal Place of Business

1263 EAST LAS OLAS BLVD., SUITE #203

FT. LAUDERDALE, FL 33301

1263 EAST LAS OLAS BLVD., SUITE #203 FT. LAUDERDALE, FL 33301



01202007 No Chg-LLC

CR2E083 (11/05)

Applied For 4. FEI Number 02-0714279 Not Applicable \$5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

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	named entity submits this statement for the purpose of char- ions of registered agent.	ging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and fille if applicable.	(NOTE, Registered Agent signature required when reinstating)	DATE	
	iling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HILLIER, ANDREW J 1263 EAST LAS OLAS BLVD., SUITE #203 FT. LAUDERDALE, FL 33301	_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACKSON, JACQUELINE A 1263 EAST LAS OLAS BLVD., SUITE #203 FT. LAUDERDALE, FL 33301		000000608919 02/01/07-80030-003 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HILLIER, ANDREW J 1263 EAST LAS OLAS BLVD., SUITE #203 FT. LAUDERDALE, FL 33301	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, JACQUELINE A 1263 EAST LAS OLAS BLVD., SUITE #203 FT. LAUDERDALE, FL 33301	in '	IN THIS SPACE	
TIT: C		I .		

11. I hereby certify that the information supplied with this filling 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: __

NAME STREET ADDRESS CITY - ST - ZIP

NAME STREET ADDRESS CITY-ST-ZIP

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

1126107 Date

9547633810

Daytime Phone #