## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 04, 2006 8:00 am Secretary of State 05-04-2006 90018 043 \*\*\*\*50.00

DOCUMENT # L04000005748  1. Entity Name SDG RETAIL LLC						05-04-2006 9	90018 043 ****50.	00	
Principal Place of Business 455 NORTH INDIAN ROCKS ROAD STE B BELLEAIR BLUFFS, FL 33770		Mailing Address 455 NORTH INDIAN ROCKS ROAD STE B BELLEAIR BLUFFS, FL 33770			: (801)[2]  61) (231) 9721 (884) 2871 (884) (881) (881) (881) (881) (881) (881) (881) (881) (881)				
2. Principal Place of Business		3. Mailing Address 1180 Ponce De Leon Blub							
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc. Suid: 20 /			04192006	Chg-LLC	CR2E083 (11/05)		
Clarware FL		City & State Clear water, Fr.			4. FEI Numb 20-053		No	plied For t Applicable	
33750	6. Name and Address of Current F	Zip 33.7.56	U.S.A			of Status Desired	\$5.00 Add Fee Required		
Narhe Narhe									
	, GREG H INDIAN ROCKS ROAD BLUFFS, FL 33770					Box Number is Not Acceptable)			
_			210	کمرین	aser		FL Zip Code	56	
8. The above named entity submits this etatement 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, typical or priviled name of registered agent and title if applicable. (NOTE: Registered Agent Modelure required when rematations)  DATE  OF EAD. VEHroan  4/20/06									
	iling Fee is \$50.00 ue by May 1, 2006						e check payable to a Department of State		
9.	MANAGING MEMBEI		10.			ADDITIONS	/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR   VELTMAN, GREG   455 NORTH INDIAN ROCKS RO/   BELLEAIR BLUFFS, FL 33770	☐ Delete	NAME STREET ADDRESS CITY-SI-ZIP	130	Hman, Ponce a (wa)	Greg De Leon er, FL.	& Blud Schange 33756	□ Addition	
TATLE		☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		٠				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SF-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition	
TITLE NAME		☐ Delete	CITY-ST-ZIP  TITLE  NAME				Change	Addition Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
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 of the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									