


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

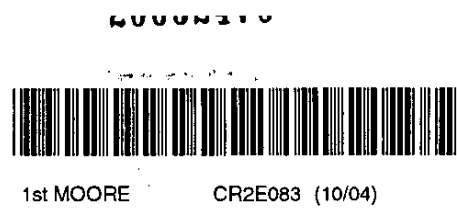
FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90107 031 ****50.00

DOCUMENT # L04000032602 1. Entity Name SDG66102, LLC	
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Principal Place of Business 455 N. INDIAN ROCKS ROAD BELLEAIR BLUFFS FL 33770	Mailing Address 455 N. INDIAN ROCKS ROAD BELLEAIR BLUFFS FL 33770
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. <i>Suite B</i>	Suite, Apt. #, etc. <i>Suite B</i>
City & State	City & State
Zip	Country



6. Name and Address of Current Registered Agent	
ARSENAULT, KENNETH G JR ARSENAULT LAW GROUP, P.A. 10225 ULMERTON ROAD, SUITE 2 LARGO FL 33771	

4. FEI Number <i>20-1072622</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete
NAME	VELTMAN, GREG D
STREET ADDRESS	455 N INDIAN ROCKS ROAD
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770
TITLE	MGR <input type="checkbox"/> Delete
NAME	HUPP, ANDREW J
STREET ADDRESS	607 WEST BAY STREET
CITY-ST-ZIP	TAMPA FL 33606
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Greg D Veltman* *4/21/05* _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #