


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90034 008 ****55.00

DOCUMENT # L04000032602

1. Entity Name
 SDG66102, LLC




Principal Place of Business
 455 N. INDIAN ROCKS ROAD
 STE B
 BELLEAIR BLUFFS, FL 33770

Mailing Address
 455 N. INDIAN ROCKS ROAD
 STE B
 BELLEAIR BLUFFS, FL 33770

2. Principal Place of Business
 1180 Ponce de Leon
 Suite, Apt. #, etc.
 Suite 201
 City & State
 Clearwater FL
 Zip
 33756 Country
 USA

3. Mailing Address
 1180 Ponce de Leon
 Suite, Apt. #, etc.
 Suite 201
 City & State
 Clearwater FL
 Zip
 33756 Country
 USA



04142006 Chg-LLC CR2E083 (11/05)

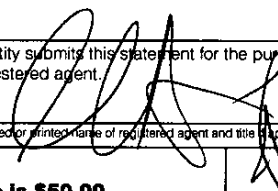
4. FEI Number
 20-1072622 Applied For
 Not Applicable

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

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

7. Name and Address of New Registered Agent
 Name
 Andrew J. Hupp
 Street Address (P.O. Box Number is Not Acceptable)
 907 S. Ft. Harrison Ave
 Suite 102
 City
 Clearwater FL Zip Code
 33756

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  Andrew J. Hupp, Mgr. 9/14/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

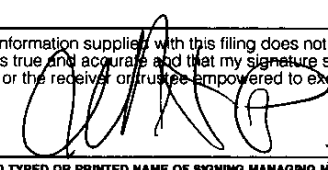
9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1180 Ponce de Leon #201 Clearwater FL 33756	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	907 S. Ft. Harrison Ave #102 Clearwater FL 33756	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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:  Andrew J. Hupp, Mgr. 9/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #