


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90019 030 \*\*\*\*55.00

|  |                                     |  |   |   |  |
|--|-------------------------------------|--|---|---|--|
| <b>DOCUMENT # L04000049238</b><br>1. Entity Name<br><b>SBD DEVELOPMENT, LC</b>   |                                     |  |   |    |  |
| Principal Place of Business<br><b>2520 SAND MINE ROAD<br/>DAVENPORT, FL 33897</b>  |                                     |  | Mailing Address<br><b>P.O. BOX 725<br/>ATTN: KATHY MCDANIEL<br/>WINDERMERE, FL 34786-0725</b> |   |  |
| 2. Principal Place of Business   |                                     | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.  |                                     | Suite, Apt. #, etc.  |   |   |  |
| City & State   |                                     | City & State   |   | 4. FEI Number<br><b>20-1793005</b>  |  |
| Zip  |                                     | Country  |   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>FLOYD, THOMAS C<br/>2520 SAND MINE ROAD<br/>DAVENPORT, FL 33897</b>  |                                     |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                                     |  |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |                                     | <b>Make check payable to<br/>Florida Department of State</b> |   |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |                                     |  | 10. ADDITIONS/CHANGES   |   |  |
| TITLE  | MGR <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   | FLOYD, THOMAS C                     |  | NAME  |   |  |
| STREET ADDRESS   | 2520 SAND MINE ROAD                 |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | DAVENPORT, FL 33897                 |  | CITY-ST-ZIP   |   |  |
| TITLE  | <input type="checkbox"/> Delete     |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |                                     |  | NAME  |   |  |
| STREET ADDRESS   |                                     |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                                     |  | CITY-ST-ZIP   |   |  |
| TITLE  | <input type="checkbox"/> Delete     |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |                                     |  | NAME  |   |  |
| STREET ADDRESS   |                                     |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                                     |  | CITY-ST-ZIP   |   |  |
| TITLE  | <input type="checkbox"/> Delete     |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |                                     |  | NAME  |   |  |
| STREET ADDRESS   |                                     |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                                     |  | CITY-ST-ZIP   |   |  |
| TITLE  | <input type="checkbox"/> Delete     |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |                                     |  | NAME  |   |  |
| STREET ADDRESS   |                                     |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                                     |  | CITY-ST-ZIP   |   |  |
| 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. |                                     |  |   |   |  |
| <b>SIGNATURE:</b> <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |                                     |  | Date <b>3-24-06</b> Daytime Phone # <b>863-420-6699</b>                                       |   |  |