## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 18, 2007 8:00 am Secretary of State **DOCUMENT # L04000049238** 04-18-2007 90038 001 \*\*\*\*55.00 SBD DEVELOPMENT, LC Mailing Address Principal Place of Business 60038450 P.O. BOX 725 2520 SAND MINE ROAD DAVENPORT, FL 33897 ATTN: KATHY MCDANIEL WINDERMERE, FL 34786-0725 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-1793005 Not Applicable Zip Country Zip Country \$5.00 Additional X 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLOYD, THOMAS C Street Address (P.O. Box Number is Not Acceptable) 2520 SAND MINE ROAD DAVENPORT, FL 33897 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGR ☐ Change TITLE Delete TITLE Addition FLOYD, THOMAS C NAME NAME 2520 SAND MINE ROAD STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DAVENPORT, FL 33897 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ 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 mustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Thomas C Floyd

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

(863)420-6699

Daytime Phone #