




2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 0428-2006 90020 031 ***\$0.00
 06 MAY 26 AM 10:13

DOCUMENT # L04000084043 1. Entity Name SDE COMPANY, LLC		
Principal Place of Business 55746 CARROL STREET ASTOR, FL 32102		Mailing Address 55746 CARROL STREET ASTOR, FL 32102
2. Principal Place of Business 2204 MIMOSA LN. <small>Suite, Apt. #, etc.</small>	3. Mailing Address 2204 MIMOSA LN <small>Suite, Apt. #, etc.</small>	 04252008 Chg-LLC CR2E083 (11/05)
City & State DELAND, FL.	City & State DELAND, FL.	4. FEI Number 41-2158162 Applied For <input type="checkbox"/> Not Applicable
Zip 32724	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent SDE COMPANY LLC 55746 CARROL STREET ASTOR, FL 32102		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDREWS, ROBERT J 55746 CARROL STREET ASTOR, FL 32102	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. STEVE KLEINBERGER SMK ACCOUNTING SERVICES, INC. 274 WILSHIRE BLV. STG. 232 CASTLEBERRY, FL 32707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 606, Florida Statutes.		
SIGNATURE 		Date 4/25/06 386-734-7880 <small>Daytime Phone #</small>