

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026101

Entity Name: SDTS, LLC

FILED  
Mar 08, 2006  
Secretary of State

## Current Principal Place of Business:

9350 SOUTH DIXIE HIGHWAY  
SUITE 930  
MIAMI, FL 33156

## New Principal Place of Business:

## Current Mailing Address:

9350 SOUTH DIXIE HIGHWAY  
SUITE 930  
MIAMI, FL 33156

## New Mailing Address:

FEI Number: 20-2632966

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHIFF, JAMES M  
9130 SOUTH DADELAND BOULEVARD  
SUITE 1609  
MIAMI, FL 33156 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MANDELL, THERESA  
Address: 17950 S.W. 216 STREET  
City-St-Zip: GOULDS, FL 33170

Title: MGRM ( ) Delete  
Name: ZIONTS, DAVID  
Address: 2522 EAGLE RUN CIRCLE  
City-St-Zip: WESTON, FL 33327

Title: MGRM ( ) Delete  
Name: LEVITATS, SUZANNE  
Address: 15020 S.W. 76 COURT  
City-St-Zip: MIAMI, FL 33157

Title: MGRM ( ) Delete  
Name: LIEDMAN, Y. STEVE  
Address: 785 CRANDON BOULEVARD UNIT 501  
City-St-Zip: KEY BISCAYNE, FL 33149

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SUZANNE LEVITATS

MGRM

03/08/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date