



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90043 023 ****50.00

DOCUMENT # L05000033020 1. Entity Name SDA COMMERCIAL GROUP, LLC					
Principal Place of Business 3111 UNIVERSITY DRIVE, STE. 610 CORAL SPRINGS, FL 33065			Mailing Address 3111 UNIVERSITY DRIVE, STE. 610 CORAL SPRINGS, FL 33065		
2. Principal Place of Business <i>6131 Lyons Road</i> Suite, Apt. #, etc. <i>Ste 200</i> City & State <i>Coconut Creek, FL</i> Zip <i>33073</i> Country <i>USA</i>		3. Mailing Address <i>Same</i> Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number <i>20-4736976</i>				04182006 Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HODKIN, PETER M ONE E. BROWARD BLVD., STE. 1501 FT. LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>4901 NW 17 Way #504</i> City <i>Ft. Lauderdale</i> <i>FL</i> Zip Code <i>33309</i>		
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 _____ (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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HODKIN, PETER M ONE E. BROWARD BLVD., STE. 1501 FT. LAUDERDALE, FL 33301	<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			
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			
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: <i>[Signature]</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <i>4/21/06</i> Daytime Phone # <i>954-4813700</i>		