

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90040 038 ****50.00

DOCUMENT # L05000041547
 1. Entity Name
 SD GROUP, LLC



40088513

Principal Place of Business Mailing Address
 1201 1st STREET NORTH, #1101 SAME
 JACKSONVILLE BEACH, FL 32250



DO NOT WRITE IN THIS SPACE

04132007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2830623	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 CUMBERLAND, HEATHER M
 115 PROFESSIONAL DRIVE
 101
 PONTE VEDRA BEACH, FL 32082

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <i>Managing Member</i> VORMACK, DAVID 1201 1st STREET NORTH, #1101 JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <i>Managing Member</i> WORLEY, STEVEN 13225 SCOTTISH HUNT LANE BRISTOW, VA 20136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <i>Managing Member</i> PATTERSON, ROBERT S 18 SUMMER BREEZE COURT STERLING, VA 20165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Carole A. W...* 4/17/07 313 995 8862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #