

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90174 010 \*\*\*138.75

<b>DOCUMENT #</b> 1. Entity Name <div style="font-size: 1.2em; font-family: cursive;">SD GROUP, LLC</div>							
Principal Place of Business      Mailing Address - <u>SAME</u> <div style="font-size: 1.2em; font-family: cursive;">1201 1<sup>ST</sup> STREET NORTH, #1101 JACKSONVILLE BEACH FL 32250</div>				<div style="font-size: 2em;">✓</div> <div style="font-size: 1.5em; font-weight: bold;">60017955</div>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
Country		Country		4. FEI Number <b>20-2830623</b> <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required							
<b>6. Name and Address of Current Registered Agent</b>  <div style="font-size: 1.1em; font-family: cursive;">Spiegel &amp; Utrera, P.A. 1840 Coral Way, 4th Floor Miami, FL      33145</div>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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) DATE</small>							
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>				
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="font-size: 1.1em; font-family: cursive;">MEM VORMACK DAVID 1201 1<sup>ST</sup> STREET #1101 JACKSONVILLE BEACH FL 32250</div> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="font-size: 1.1em; font-family: cursive;">MEM WORLEY STEVEN 2 WINTERGREEN LANE GROTON MA 01450</div> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="font-size: 1.1em; font-family: cursive;">MEM PATTERSON, ROBERT S. 18 SUMMER BREEZE COURT STERLING VA 20165</div> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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.							
<b>SIGNATURE:</b>			<div style="font-size: 1.2em; font-family: cursive;">3/15/08    (313) 995-8802</div>				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date      Daytime Phone #</small>				