

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043325

Entity Name: SDD REAL ESTATE LLC

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

C/O SCOTT DIAMENT
3475 S. OCEAN BLVD., PH6
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

C/O SCOTT DIAMENT
3475 S. OCEAN BLVD., PH6
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 13-4298740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAXMAN, JOHN T ESQ
1832 N. DIXIE HIGHWAY
LAKE WORTH, FL 33460 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: DIAMENT, SCOTT
Address: 3475 S. OCEAN BLVD. PH6
City-St-Zip: PALM BEACH, FL 33480

Title: MGRM () Change (X) Addition
Name: DIAMENT, SAMMY
Address: 9192 BAY POINT CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGRM () Change (X) Addition
Name: SCHWARTZ, JEFFREY
Address: 8692 WENDY LANE EAST
City-St-Zip: WEST PALM BEACH, FL 33411

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: SCOTT DIAMENT

MGRM

04/28/2006

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