

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043638

Entity Name: S. D. QUALITY BUILDERS, LLC

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

8227 NESBITT RD.
MACCLENNY, FL 32063

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1042
GLEN ST MATY, FL 32040

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMALLBIZ AGENTS, LLC
4244 W. TENNESSEE ST.
#185
TALLAHASSEE, FL 32304 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: SHOUPPE, CHESTER S
Address: P.O. BOX 1213
City-St-Zip: MACCLENNY, FL 32063

Title: MGRM () Delete
Name: DEFEE, JOSEPH H II
Address: 8227 NESBITT RD.
City-St-Zip: MACCLENNY, FL 32063

Title: MGRM () Delete
Name: DEFEE, GRACE L
Address: 8227 NESBITT RD.
City-St-Zip: MACCLENNY, FL 32063

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:

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: JOSEPH H. DEFEE

MGRM

04/26/2006

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