


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Sep 06, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90144 017 \*\*\*\*50.00  
09-06-2006 90007 039 \*\*\*\*50.00

<b>DOCUMENT #</b> <b>LC05000047384</b>	
<b>1. Entity Name</b> <b>S.D.D. INVESTMENTS, LLC</b>	

<b>Principal Place of Business</b> 15665 ALTON DR. FORT MYERS FL 33908	<b>Mailing Address</b> 15665 ALTON DR. FORT MYERS FL 33908
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b> <i>6214-F Presidential Court.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>F</i>
<b>City &amp; State</b>	<b>City &amp; State</b> <i>Fort Myers</i>
<b>Zip</b>	<b>Country</b> <i>FL USA</i>

<b>4. FEI Number</b> <i>113751971</i>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  SMITH, DANIELLE E 16201 CROWN ARBOR WAY FORT MYERS FL 33908
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<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> <b>Zip Code</b>

**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 reappointing) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By September 6, 2006</b>	
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9. MANAGING MEMBERS / MANAGERS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGR</b> <b>SMITH, DANIELLE E</b> <b>16201 CROWN ARBOR WAY</b> <b>FORT MYERS FL 33908</b> <input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGR</b> <b>DAMIANOV, STEFAN</b> <b>15665 ALTON DR.</b> <b>FT. MYERS FL 33908</b> <input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** *Stefan Damianov* **8-2-06** **239-560-7377**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #