2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000047384

Entity Name: S.D.D. INVESTMENTS, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
15665 ALTON DR. FORT MYERS, FL 33908	12995 S CLEVELAND AVE PBS#9 FORT MYERS, FL 33907

Current Mailing Address:	**New Mailing Address:**
6214-F PRESIDENTIAL CT FORT MYERS, FL 33908	12995 S CLEVELAND AVE PBS#9 FORT MYERS, FL 33907

FEI Number: 11-3751971   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
DAMIANOV, DANIELLE E 16201 CROWN ARBOR WAY FORT MYERS, FL 33908 US	DAMIANOV, STEFAN T 12995 S. CLEVELAND AVE PBS#9 FORT MYERS, FL 33907 US

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: STEFAN DAMIANOV   10/19/2007
_____
                Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete	Title: MGR (X) Change ( ) Addition
Name:	DAMIANOV, DANIELLE E	Name: DAMIANOV, STEFAN T
Address:	16201 CROWN ARBOR WAY	Address: 12995 S CLEVELAND AVE PBS#9
City-St-Zip:	FORT MYERS, FL 33908	City-St-Zip: FORT MYERS, FL 33907
Title:	MGR (X) Delete	Title: ( ) Change ( ) Addition
Name:	DAMIANOV, STEFAN	Name:
Address:	15665 ALTON DR.	Address:
City-St-Zip:	FT. MYERS, FL 33908	City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: STEFAN DAMIANOV   MNG   10/19/2007
_____
        Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date