

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050470

FILED  
Aug 24, 2006  
Secretary of State

Entity Name: SUD, L.L.C.

**Current Principal Place of Business:**

414 BAY BLVD.  
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

414 BAY BLVD.  
PENSACOLA, FL 32503

**New Mailing Address:**

FEI Number: 52-2398594      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SULLIVAN, PATRICK  
414 BAY BLVD.  
PENSACOLA, FL 32503      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

Title: MM ( ) Change (X) Addition  
Name: SULLIVAN, PATRICK S MGR  
Address: 414 BAY BLVD.  
City-St-Zip: PENSACOLA, FL 32501 ES

Title: MGR ( ) Change (X) Addition  
Name: UZDEVENES, GREGORY R MGR  
Address: 918 E. CERVANTES ST.  
City-St-Zip: PENSACOLA, FL 32501 ES

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: GREGORY R. UZDEVENES

MM

08/24/2006

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