

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jun 13, 2008  
Secretary of State**

DOCUMENT# L05000057351

Entity Name: SD SLY FOX MANAGMENT, LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

2 SOUTH BISCAYNE BLVD.  
SUITE 2475  
MIAMI, FL 33131

**Current Mailing Address:**

**New Mailing Address:**

2 SOUTH BISCAYNE BLVD.  
SUITE 2475  
MIAMI, FL 33131

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

PARDO, STEVAN J  
2 SOUTH BISCAYNE BLVD.  
SUITE 2475  
MIAMI, FL 33131 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:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: PARDO, STEVAN  
Address: 2 SOUTH BISCAYNE BLVD., SUITE 2475  
City-St-Zip: MIAMI, FL 33131

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: STAUBER, DANIEL  
Address: 2 SOUTH BISCAYNE BLVD., SUITE 2475  
City-St-Zip: MIAMI, FL 33131

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: STEVAN PARDO

MGRM

06/13/2008

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