2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000074177

1. Entity Name

S & D DEVELOPERS, L.L.C.



Principal Place of Business

Mailing Address

1565 SW MARTIN HWY Palm City, Fl 34990 P 0 BOX 364 Palm City, FL 34991

FILED May 22, 2008 8:00 am Secretary of State

05-22-2008 90512 045 ***138.75

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04182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3254531

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STONE, R. SCOTT JR 1565 SW MARTIN HWY PALM CITY, FL 34990

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE, Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

<u></u>	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	STONE, R. SCOTT JR
STREET ADDRESS	P O BOX 364
CITY-ST-ZIP	PALM CITY, FL 34991
TITLE	PARTNER
NAME	BRIAN J. DONNELLY
STREET ADDRESS	7264 COMORESSIONAL WAY
CITY-ST-ZIP	STUART, FL 34997
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADORESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADORESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11. Thereby certify that the information supplied with this filing does not qualify for the e	

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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:

SIGNATURE AND TYPED OR PRINTED NAME

GNING MANAGING MEMBER, OR AUTHORIZED REPRESENTA

4/30/08

772-223-0179

Daytime Phone #