## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L05000075479** 

1. Entity Name SDE-PALMETTO, L.L.C.



FILED Apr 24, 2008 08:00 AN Secretary of State

Principal Place of Business

4000 NORTH FEDERAL HIGHWAY, SUITE 206 BOCA RATON, FL 33431

Mailing Address 1000 OMNNI BLVD NEWPORT NEWS, VA 23606



04162008 No Chg-LLC

CR2E083 (12/07)

| \$5.00 Additional |  |                |
|-------------------|--|----------------|
|                   |  | Not Applicable |
|                   |  | Applied For    |
|                   |  |                |

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPCO INC 2699 SOUTH BAYSHORE DRIVE 7TH FLOOR MIAMI, FL 33133

## DO NOT WRITE IN THIS SPACE

|                                                      | e named entity submits this statement for the purpose of chartions of registered agent.           | nging its registered office or registered agent, or both, in the S | ate of Florida. I am familiar with, and accept |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------|
| SIGNATURE.                                           | Signature, typed or printed name of registered agent and little if applicable                     | (NOTE, Registered Agent signature required when reinstating)       | DATE                                           |
| FILE<br>After May                                    | E NOWIII FEE IS \$138.75<br>y 1, 2008 Fee will be \$538.75                                        |                                                                    | 00000917857<br>8/08-80059-007 138.75           |
| 9.<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MANAGING MEMBERS/MANAGERS  MGRM ECONOMOS, NICOLAS 4000 N FEDERAL HWY STE 206 BOCA RATON, FL 33431 |                                                                    |                                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                |                                                                                                   |                                                                    |                                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                |                                                                                                   | DO NO                                                              | T WRITE                                        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                |                                                                                                   | IN THIS                                                            | SPACE                                          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                |                                                                                                   |                                                                    |                                                |
| TITLE NAME STREET ADDRESS CITY-ST-7IP                |                                                                                                   |                                                                    |                                                |

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 OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**NICK ECONOMOS** 

04/21/2008

Date

(757) 591-3519

Daytime Phone #