



2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 21 AM 8:36

| | | | | | |
|--|--|---|--|--|--|
| DOCUMENT # L05000082189 | | | |  | |
| 1. Entity Name SDG, LLC | | | | | |
| Principal Place of Business 19495 BISCAYNE BLVD 501 AVENTURA, FL 33180 ✓ | | Mailing Address 19495 BISCAYNE BLVD 501 AVENTURA, FL 33180 ✓ | | | |
| 2. Principal Place of Business | | 3. Mailing Address | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 05012006 Chg-LLC CR2E083 (11/05) | |
| City & State | | City & State | | 4. FEI Number 81-067 8092 | |
| Zip | | Country | | Applied For Not Applicable | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| XXXXXXXXXX 19495 BISCAYNE BLVD 501 AVENTURA, FL 33180 | | | | Name <u>Anna Yakubovitz</u> | |
| <u>Anna Yakubovitz</u> | | | | Street Address (P.O. Box Number is Not Acceptable) <u>19495 Biscayne Blvd #501</u> | |
| | | | | City <u>Aventura</u> FL Zip Code <u>33180</u> | |
| 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 <u>Anna Yakubovitz</u> <u>5/1/06</u> <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Amended AR is \$50.00 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HOURI, DAVID 19495 BISCAYNE BLVD STE 501 AVENTURA, FL 33180 <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP TOLEDANO, YIZHAK 19495 BISCAYNE BLVD STE 501 AVENTURA, FL 33180 <input checked="" type="checkbox"/> Delete | 200076751742 05/30/06--01010--008 **50.00 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S TUKH, ALEX 19495 BISCAYNE BLVD. STE. 501 AVENTURA, FL 33180 <input checked="" type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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 exact this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE: <u>Anna Yakubovitz - Manager</u> <u>5/1/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |
| 305-931-7470 | | | | | |