


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90057 039 \*\*\*\*55.00

**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

**60044036**

2. Principal Place of Business - No P.O. Box #  
 401 E Lasolas Blvd  
 Suite, Apt. #, etc. 1180

3. Mailing Address  
 401 E Lasolas Blvd  
 Suite, Apt. #, etc. 1180



04192007 Chg-LLC CR2E083 (12/06)

City & State  
 Ft Lauderdale, FL

City & State  
 Ft Lauderdale, FL

Zip 33301 Country U.S.A. Zip 33301 Country U.S.A.

4. FEI Number  
 81-0678092

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 YAKUBOVITZ, ANNA  
 19495 BISCAYNE BLVD  
 501  
 AVENTURA, FL 33180

7. Name and Address of New Registered Agent  
 Name: FRANK L DIAZ P.A.  
 Street Address (P.O. Box Number is Not Acceptable)  
 3400 CORAL WAY, 6th FL  
 City MIAMI FL Zip Code 33145

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 Frank Diaz  
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

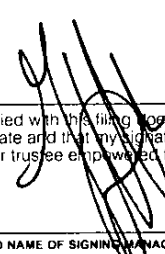
**Filing Fee is \$50.00 Due by May 1, 2007**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOURI, DAVID 19495 BISCAYNE BLVD STE 501 AVENTURA, FL 33180 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOKOL, ANTHONY 19495 BISCAYNE BLVD STE 501 AVENTURA, FL 33180 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOKOL, ANTHONY 19495 BISCAYNE BLVD STE 501 AVENTURA, FL 33180 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KINSELL, MARILYN 19495 BISCAYNE BLVD STE 501 AVENTURA, FL 33180 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KINSELL, MARILYN 19495 BISCAYNE BLVD STE 501 AVENTURA, FL 33180 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Houri David 401 E Lasolas Blvd #1180 Ft Lauderdale FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kinsell, Marilyn 401 E Lasolas Blvd #1180 Ft Lauderdale FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kinsell Marilyn 401 E Lasolas Blvd #1180 Ft Lauderdale FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #