## 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## DOCUMENT# L05000094881

Entity Name: LDS, LLC

FILED Aug 21, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3615 LOST PINE WAY VALRICO, FL 33594

Current Mailing Address: New Mailing Address:

3615 LOST PINE WAY VALRICO, FL 33594

FEI Number: 20-3588491 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HARDT, JAMES 3615 LOST PINE WAY VALRICO, FL 33594 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 Title: ( ) Change ( ) Addition

 Name:
 HARDT, JAMES
 Name:

 Address:
 3615 LOST PINE WAY
 Address:

 City-St-Zip:
 VALRICO, FL 33594
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HARDT, KEITH
 Name:

 Address:
 3615 LOST PINE WAY
 Address:

 City-St-Zip:
 VALRICO, FL 33594
 City-St-Zip:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

 Name:
 LOPEZ, LAWRENCE A
 Name:
 GARCIA, MATTHEW P

 Address:
 3615 LOST PINE WAY
 Address:
 3615 LOST PINE WAY

 City-St-Zip:
 VALRICO, FL 33594
 City-St-Zip:
 VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES HARDT MGRM 08/21/2006