2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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SIGNATURE:

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FILED

Mar 24, 2006 8:00 am Secretary of State DOCUMENT # L05000100966 03-08-2006 90044 021 ****55.00 1. Entity Name SOUTHPOINT SDM, LLC Principal Place of Business Mailing Address 625 COURT SPREET SUITE 200 CLEARWATER FL 337,66 625 COURT STREET SUITE 200 CLEARWATER FL 33756 2. Principal Place of Business 3. Mailing Address FO Box 0041 Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State FEI Number 74-309 0554 Applied For TARPON SPRINGS SPRINGS. TARPON Not Applicable \$5.00 Additional ปั*ร*A 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JULIUS J-SZABO RAYMOND, J. PAUL 625 COURT STREET SUITE 200 Street Address (P.O. Box Number is Not Acceptable) 1310 BELCHER DRIVE **CLEARWATER FL 33756** City TARPON SPRINGS 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. 1 am familiar with, and accept the obligations of registered agent SIGNATURE . (NOTE_Rogistered Agent signature required when reunstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Dise By May 1, 2008 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MR Delete TIFLE Change ☐ Addition HALAF SZABO, JULIUS J KALE STREET ADDRESS 1310 BELCHER DRIVE STREET ADVINESS TARPON SPRINGS FL 34689 CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ____ Change __ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 21P TITLE C) Oelete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP D Delete TITLE MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-S1-21P 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MAGAGES, OB JUTHORIZED REPRESENTATIVE



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 9, 2006

SOUTHPOINT SDM, LLC P.O. BOX 0041 TARPON SPRINGS, FL 34688-0041

Subject: SOUTHPOINT SDM, LLC

Reference Number:

L05000100966

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cj ANNUAL REPORTS SECTION