2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000085323



1. Entity Name SDAV PROPERTIES - 1 L.L.C.						4	06-13-2008 9	90050 004	***138	1.75
Principal Place of Business Mailing Address					- -	1				
311 10TH ST. PO BOX 510264 KEY COLONY BEACH, FL 33051 KEY COLONY BEACH, FI				. 33051	*,					
Principal Place of Business - No P.O. 8ox # 3. Mailing Address										
Suffe, Apt. M. etc.			Suite, Aot. #. etc.			06092008	Chg-LLC	CR2E083	3 (12/06)	
City & State		City & State			4. FEI Numb 20-817			<u> </u>	plied For t Applicable	
Zip	Country		Zio	Zio Countr		5. Certificate	of Status Desired		5.00 Add se Required	
6. Name and Address of Current Registered Agent						7. Name and	Address of New R	egistered Ag	ent	
		4		- 1	Name					
601 12TH	ST.	: CH. FL 33051		Street Address (P.O. Box Nur			er is Not Acceptable)		
		511, 1 2 00001								
			,=	City				Zip Code	,	
	named entity lons of regist	y submits this statement for ered agent.	the purpose of changing its	registere	d office or registe	red agent, or bo	oth, in the State of Flo	rida. I am far	nillar with, a	and accept
SIGNATURE .										
-	Signature, typed	or ormed on trout registered again say	d tire if applicable. (NOTE	. Reg siered	Ageni signalure require	d when reinstating)		DATE		
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008			In accordance with s. 607.193(2)(b), F.S., the liability company did not receive the prior no							
										,
		ember 12, 2008	liability company did				Florida	Departmer		,
Due			liability company did	not rece				Department CHANGES		Addition
9. TITLE KAME	MGRM DECROW	MANAGING MEMBER J. STEVE E	liability company did S/MANAGERS	10. RILE NAME	oive the prior no		Florida	Department CHANGES	nt of State	
9. TITLE NAME STREET ADDRESS	MGRM DECROW 601 12TH	MANAGING MEMBER J. STEVE E ST.	liability company did S/MANAGERS	10. RILE NAME STREE	T ADDRESS		Florida	Department CHANGES	nt of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DECROW 601 12TH KEY COL	MANAGING MEMBER J. STEVE E	liability company did S/MANAGERS Delete	10. RILE NAME STREE	T ADDRESS		Florida	Department CHANGES	nt of State	Addition
9. TITLE NAME STREET ADDRESS CITY: ST-ZIP TITLE	MGRM DECROW 601 12TH KEY COL	MANAGING MEMBER // STEVE E ST. ONY BEACH, FL 33051	liability company did S/MANAGERS	10. RILE NAME STREE CITY-	T ADDRESS ST-ZIP		Florida	Department CHANGES	nt of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DECROW 601 12TH KEY COL	MANAGING MEMBER J. STEVE E ST. ONY BEACH, FL 33051 J. DENISE L	liability company did S/MANAGERS Delete	10. RILE NAME STREE CITY-:	T ADDRESS ST-ZIP		Florida	Department CHANGES	nt of State	Addition
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Indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company priction as required by Chapter 608. Florida Statytes.

SIGNATURE:
SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. MANAGER OR AUTHORIZED REPRESENTATIVE