


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90018 018 ***138.75

DOCUMENT # L06000110742 1. Entity Name S & D DEVELOPMENT, LLC					
Principal Place of Business 2266 4TH AVENUE NORTH LAKE WORTH, FL 33461 US			Mailing Address 2266 4TH AVENUE NORTH LAKE WORTH, FL 33461 US		
2. Principal Place of Business - No P.O. Box # <i>same</i>		3. Mailing Address <i>same</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 		4. FEI Number 56-2628159	
Zip 		Zip 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DALEY, MICHAEL J 2266 4TH AVENUE NORTH LAKE WORTH, FL 33461			7. Name and Address of New Registered Agent Name <i>Connelly Zelds PA</i> Street Address (P.O. Box Number is Not Acceptable) <i>915 Middle River Drive Suite 200</i> City <i>FL Haverhill</i> FL Zip Code <i>33304</i>		
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 <i>Lyubov Zelds Esq.</i> 4/2/8 <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DALEY, MICHAEL J 2266 4TH AVENUE NORTH LAKE WORTH, FL 33461	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCANLON, MICHAEL 2266 4TH AVENUE NORTH LAKE WORTH, FL 33461	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Michael J Daley</i> 4/2/08 561-586-3110 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					