

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000012848

Entity Name: SDL INVESTMENTS, LLC

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

362 NW BEAL PARKWAY
SUITE 105
FORT WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

362 NW BEAL PARKWAY
SUITE 105
FORT WALTON BEACH, FL 32548 US

New Mailing Address:

FEI Number: 26-1935016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, ELBERT R II
362 NW BEAL PARKWAY
SUITE 105
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: DAVIS, ELBERT R II
Address: P. O. BOX 1120
City-St-Zip: FORT WALTON BEACH, FL 32549 US

Title: MGRM () Delete
Name: MILLER, DARRELL
Address: 724 WEST MORENO STREET
City-St-Zip: PENSACOLA, FL 32501 US

Title: MGRM () Delete
Name: CHEN, LEO
Address: 320 HARBOR BOULEVARD, APARTMENT 505
City-St-Zip: DESTIN, FL 32541 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ELBERT DAVIS

MGRM

03/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date