

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000044973

**FILED**  
**Apr 02, 2009**  
**Secretary of State**

**Entity Name:** DEER MEADOWS SDM, LLC

**Current Principal Place of Business:**

28100 US 19 N.  
311  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

28100 US 19 N.  
311  
CLEARWATER, FL 33761

**New Mailing Address:**

P O BOX 0041  
TARPON SPRINGS, FL 34688

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

WARD, R.CARLTON  
1253 PARK STREET  
CLEARWATER, FL 33756      US

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

RUBAIL, JAWDET  
1358 S MISSOURI AVENUE  
CLEARWATER, FL 33756      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: JAWDET RUBAIL

04/02/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MGRM                      ( ) Change (X) Addition  
Name:                      SZABO, JULIUS J  
Address:                      P O BOX 0041  
City-St-Zip:                      TARPON SPRINGS, FL 34688

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: JULIUS J SZABO

MGRM

04/02/2009

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