2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L98000002777

1. Entity Name
STEADY DIME INVESTMENT GROUP, L.L.C.

Principal Place of Business	Mailing Address
2565 N.W. 92ND STREET MIAMI, FL 33147-3549	2565 N.W. 92ND STREET MIAMI, FL 33147-3549

DO NOT WRITE IN THIS SPACE

04102006No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-0874000
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SABREE, MELVIN F
2565 N.W. 92ND STREET
MIAMI, FL 33147-3549

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SABREE, MELVIN F
STREET ADDRESS	2565 N.W. 92ND STREET
CITY-ST-ZIP	MIAMI, FL 331473549
TITLE	MGRM
NAME	HAMED, A. MIKAL
STREET ADDRESS	9725 N.W. 14 AVENUE
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	MGRM
NAME	ABDULLAH, DAVID E
STREET ADDRESS	1990 N.W. 55 STREET
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/01/06-80012-006 50.00

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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: Melvin F. Sabree 4/11/06 305-696-7423 305-624-8820-cell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #