2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000005259

1. Entity Name
SPDC SUPPLY COMPANY, L.L.C.

Principal Place of Business	Mailing Address
1921 WALDMERE STREET SUITE 107 SARASOTA, FL 34239	1921 WALDMERE STREET SUITE 107 SARASOTA, FL 34239

DO NOT WRITE IN THIS SPACE

03222006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
36-4316045
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAGIERA, CANDACE A
1921 WALDEMERE ST
SUITE 107
SARASOTA, FL 34239

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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 Candace A Magiera 3/22/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	COVER, DOMENICK E MD
STREET ADDRESS	1921 WALDMERE STREET STE 107
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	MGRM
NAME	GHOSE, RANJAN
STREET ADDRESS	1921 WALDMERE STREET STE 107
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	MGRM
NAME	ZENDEL, STEPHEN MD
STREET ADDRESS	1921 WALDMERE STREET STE 107
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	MGRM
NAME	WEBER, HERMAN MD
STREET ADDRESS	1921 WALDMERE STREET STE 107
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Candace A Magiera 3/22/06 (941)917-6447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #