2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000000012

1. Entity Name

SDH EDUCATION WEST, LLC



FILED Apr 25, 2007 08:00 Al Secretary of State

Principal Place of Business

9801 WASHINGTONIAN BLVD. GAITHERSBURG, MD 20878 Mailing Address

P.O. BOX 352 BUFFALO, NY 14240



DO NOT WRITE IN THIS SPACE

03142007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 52-2282038

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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6.	. 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.

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, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SODEXHO AMERICA, LLC 9801 WASHINGTONIAN BLVD GAITHERSBURG, MD 20878
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACEDONIA, RICHARD 9801 WASHINGTONIAN BLVD GAITHERSBURG, MD 20878
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STERN, ROBERT A 9801 WASHINGTONIAN BLVD GAITHERSBURG, MD 20878
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBINS, SCOTT 9801 WASHINGTONIAN BLVD GAITHERSBURG, MD 20878
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ALLEN, RICHARD H 10 EARHART DR BUFFALO, NY 14221
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 1 am a managing member or manager of the limited liability company or the receiver or trustee impowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

D OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTAT

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860-372-8291

Daytime Phone #