## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

## DOCUMENT # M03000000950

1. Entity Name
S DEVELOPMENT GROUP LLC



**FILED** Mar 13, 2007 8:00 am Secretary of State

02-12-2007 90301 002 \*\*\*\*50.00

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Mailing Address

3111 NEW HYDE PARK ROAD NORTH HILLS, NY 11040

3111 NEW HYDE PARK ROAD NORTH HILLS, NY 11040



01312007 No Chg-LLC

CR2E083 (11/05)

	FEI Number
٩.	LEI MUILINE
	44 4075643
	14-1875613

Applied For Not Applicable

5	Certificate	nf	Status	Desired
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\$5.00 Additional Fee Required

CORPORATION SERVICE COMPANY

1201 HAYS STREET TALLAHASSEE, FL 32301-2525

## DO NOT WRITE IN THIS SPACE

8. The above the obligati	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or both, in the St	ale of Florida. I am tarrillar with, and accept
SIGNATURE.	Signature, typed or physic name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE
Fi	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
HILE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPECTOR, MARC B 3111 NEW HYDE PARK ROAD NORTH HILLS, NY 11040		
NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAPIRO, STEPHEN 3111 NEW HYDE PARK ROAD NORTH HILLS, NY 11040		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			T WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP		IN THIS	SPACE
TIFLE MAME STREET ADDRESS CITY-ST-ZIP			
TIFLE NAME STREET ADDRESS CITY-SI-ZIP			

11. I hereby certify that the information supplied with this filling does not qualify by 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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ₹

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/3/107 Care

516-365-4240 Daytena Phone \*