2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# M03000002681

Entity Name: SDI OF ORANGE BLOSSOM, FLORIDA, LLC

Current Principal Place of Business:

1203 NW JEFFERSON COURT
BLUE SPRINGS, MO 64015

New Principal Place of Business:

5306 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32810

Current Mailing Address:

1203 NW JEFFERSON COURT
BLUE SPRINGS, MO 64015

New Mailing Address:

FEI Number: 48-1287147 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCELHANEY, KEVIN
10313 CASTILLO CT
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WRISINGER, WILLIAM E
Address: 1203 NW JEFFERSON COURT
City-St-Zip: BLUE SPRINGS, MO 64015

Title: MGR ( ) Delete
Name: KING, JOHN L
Address: 1203 NW JEFFERSON COURT
City-St-Zip: BLUE SPRINGS, MO 64015

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WRISINGER, WILLIAM E
Address: 1203 NW JEFFERSON COURT
City-St-Zip: BLUE SPRINGS, MO 64015

Title: MGRM (X) Change ( ) Addition
Name: KING, JOHN L
Address: 1203 NW JEFFERSON COURT
City-St-Zip: BLUE SPRINGS, MO 64015

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM E WRISINGER MGRM 04/17/2007

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