2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # M98000001175 1. Entity Name SDW REALTY LLC					Jul 26, 2005 08:00 AM Secretary of State		
SDW RE	ALTY LLC						
Principal Plac	ce of Business	Mailing Address			7		
14 CHISWE		14 CHISWELL DRIVE MELVILLE NY 11747	,			Y! E EEY = EE	2 1
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2. Principal Place of Business		3. Mailing Address		<u> </u>	I LEBTINGLE STONION SOLIT BRIDE STATE WATER WATE	TI ILUSE SUEMI MILIUM III FAM	li .
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E083	(10/04)	
City & State		City & State			4. FEI Number 11-3373909	Applied F	
Zip	Country	Z _I p Coun		ntry	5. Certificate of Status Desired \$1	Not Applie 5.00 Additional	capie
6. Name and Address of Current Registered Agent				<u></u>	7Name and Address of New Registered Ag	e Required	
				Name			
ELIOT NISENBAUM C/O NILE GARDEN APARTMENTS				Street Address ((P.O. Box Number is Not Acceptable)		
127 OP/	'50 N.W. 27TH AVE., UNIT 1 A LOCKA FL 33054	36	;			. ,, .	
				City	FL	Zip Code	
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 Chr Deanh 1/20/1							
Signature typed or printed name of registered agent and talle Lapplicable (NOTE Registered Agent signature required when retristating) DATE							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State							
				ay 1, 2005	THE OWNER OF THE OWNER		
9.	MANAGING MEMBE	RS/MANAGERS	10.	e de la company de la comp	ADDITIONS/CHANGES		
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11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 imited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							

FILED

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