


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -2 AM 8:35

DOCUMENT # A0100001136

1. Entity Name
SD FINANCIAL AND REAL ESTATE VENTURES LIMITED PARTNERSHIP



Principal Place of Business
10 WINCOVE LANE
ROCKLEDGE, FL 32955

Mailing Address
10 WINCOVE LANE
ROCKLEDGE, FL 32955



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01252008 Chg-LP CR2E003 (12/06)

City & State

4. FEI Number
65-1134747

Applied For
Not Applicable

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SD FINANCIAL AND REAL ESTATE VENTURES, LLC
10 WINCOVE LANE
ROCKLEDGE, FL 32955

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____
Signature, typed or printed name of registered agent and title if applicable

700130451107
05/30/08--01007--001 ***300.00

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L01000014443	STREET ADDRESS	
NAME	SD FINANCIAL AND REAL ESTATE VENTURES, LLC	CITY-ST-ZIP	
STREET ADDRESS	10 WINCOVE LANE		
CITY-ST-ZIP	ROCKLEDGE, FL 32955		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: [Signature] Date: 5/12/08 Daytime Phone #: 561 239 0448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER