


**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90079 001 \*\*\*\*50.00

**DOCUMENT # L02000011684**

1. Entity Name  
**SFD PARTNERS, LLC**



Principal Place of Business      Mailing Address

**2901 SW 8 STREET, SUITE 204  
MIAMI FL 33135**      **2901 SW 8 STREET, SUITE 204  
MIAMI FL 33135**

44002725

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **14-1884104**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional  
Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MARTIN, PEDRO A ESQUIRE  
GREENBERG TRAURIG, P.A.  
1221 BRICKELL AVENUE, SUITE 2100  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Jose R. Boschetti**

Street Address (P.O. Box Number is Not Acceptable)  
**2901 SW 8th Street #204**

City **Miami**      FL      Zip Code **33135**

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       DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

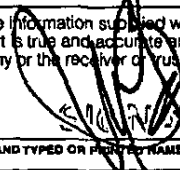
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BOSCHETTI, JOSE 2901 S.W. 8TH STREET, SUITE 204 MIAMI FL 33135</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ABELE, CHIP 2901 S.W. 8TH STREET, SUITE 204 MIAMI FL 33135</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby 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 limited liability company or the receiver of you are empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:       SIGNATURE REQUIRED      Date **4/10/03**      (305) 541-7150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)