2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A0100001136 1. Entity Name SD FINANCIAL AND REAL ESTATE VENTURES LIMITED PA RTNERSHIP				O3 APR 25 PH 4: 42		
Principal Place of Business 7390 SARIMENTO PLACE DELRAY BEACH FL 33446 DELRAY BEACH FL 33446					SECRETARY OF STATE TALLAHASSEE FLORIDA	Raja Bājā 160ā 180ā 180ā 180
2. Principal Place of Business 3. Mailing Address					4/25	olid Bālid objāt irsol dorā dilīs sīdi isāl
Suite, Apt. #, etc. Suite, A		Suite, Apt. #, etc.	ilte, Apt. #, etc.		DUE BY MAY 1, 2003	
City & State		City & State			4. FEI Number 65-1134747	Applied For Not Applicable
Zip	Country Zip C		Coun	itry	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	-		7. Name and Address of New Regi	stered Agent
SD EINAN	ICIAI AND DEAL ESTATE VENTI I	SES LIC		Name		
SD FINANCIAL AND REAL ESTATE VENTURES, LLC 7390 SARIMENTO PLACE DELRAY BEACH FL 33446				Street Address (P.O. Box Number is Not Acceptable)	
UELHAT I	SEACH FL 33446					
				City		FL Zip Code
	named entity submits this statement folions of registered agent.	r the purpose of changing its	registere	ed office or register	ed agent, or both, in the State of Florida	a. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable				DATE
9. Capital Contributions \$4.307.500.00 10. Amount of Capital C						
as Snown	A GENERAL PARTNER	in FLORIDA to da	TITY M	UST BE REGIST	ERED AND ACTIVE WITH THIS C	OFFICE.
			_	; an amendmen	t must be filed to change a gene	
12.	GENERAL PARTNER	TINFORMATION	13.		ADDRESS CHANG	SES ONLY
NAME	SD FINANCIAL AND REAL ESTATE VENTURES, LLC		STRE	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	7390 SARIMENTO PLACE DELRAY BEACH FL 33446		CITY	-ST-ZIP		
DOCUMENT # NAME			STRE	ET ADDRESS	60001709	7286
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DOCUMENT # NAME			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		
14. I hereby c	ertify that the information supplied with	this filing does not qualify for	the exe	mption stated in Se	ction 119.07(3)(i), Florida Statutes. I fur	ther 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:

STAPLE CHECK HENE

4/22/03 Date

Daytime Phone #