

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001677

1. Entity Name
FDS INVESTMENTS, LTD.



FILED

03 JUL -7 AM 9:19

Principal Place of Business
1819 MAIN STREET, SUITE 230
C/O FIRST UNION NATIONAL BANK
SARASOTA FL 34236

Mailing Address
1819 MAIN STREET, SUITE 230
C/O FIRST UNION NATIONAL BANK
SARASOTA FL 34236

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
WACHOVIA BANK, NATIONAL ASSOC.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number APPLIED FOR
03-0423148

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILBERSTEIN, DAVID M ESQ.
720 SOUTH ORANGE AVE.
SARASOTA FL 34236

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.

DATE

9. Capital Contributions as Shown on record. 7,000,000.00 Amount of Capital Contributions in FLORIDA to date. \$2,455,745.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # L01000022399
NAME FDS INVESTMENTS, LLC
STREET ADDRESS 1819 MAIN STREET, SUITE 230
CITY-ST-ZIP SARASOTA FL 34236

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing complies with 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

BY: WACHOVIA BANK, NATIONAL ASSOCIATION
WENDY CUZZI, TRUST ADVISOR

4/20/03 941361-5810

Date Daytime Phone #

CR2E003 (10/02)

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