LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 30 PM 12:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A03000000223

1. Entity Name DSS Plymouth, Ltd

500016220705
04/17/03--01060--023 **141.25

MJH

DO NOT WRITE IN THIS SPACE

4/30

DUE BY MAY 1

2. Principal Place of Business	3. Mailing Address
7777 Glades Road	7777 Glades Road
Suite 201	Suite 201
Boca Raton, FL	Boca Raton, FL
33434 Palm Beach	33434 Palm Beach

4. FEI Number 51-0445525 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Melissa Crowe

Street Address (P.O. Box Number is Not Acceptable): 7777 Glades Road Suite 201

City: Boca Raton FL Zip Code: 33434

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

9. Capital Contributions as Shown on record: $150,000.00

10. Amount of Capital Contributions in FLORIDA to date: $150,000.00

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

DOCUMENT #	
NAME	SC United LLC
STREET ADDRESS	7777 Glades Rd Suite 201
CITY-ST-ZIP	Boca Raton, FL 33434
DOCUMENT #	
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CR2E003B (12/02)

STAPLE CHECK HERE

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

SIGNATURE: _____ 4/14/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #