




**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A18665</b> 1. Entity Name SDV, LTD.				 <b>Secretary of State</b>	
Principal Place of Business 500 S. FLORIDA AVE., #700 LAKELAND, FL 33801				Mailing Address P.O. BOX 5252 LAKELAND, FL 33807	
2. Principal Place of Business		3. Mailing Address		  01152004    Chg-LP    CR2E003 (10/03)  4. FEI Number 59-2470663  5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt #, etc		Suite, Apt #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PETER A. MCFARLANE, P.A. 500 S. FLORIDA AVE., #715 LAKELAND, FL 33801				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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record.    \$5,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	H09385			STREET ADDRESS	
NAME	PWV, INC.			CITY-ST-ZIP	
STREET ADDRESS	500 S. FLORIDA AVENUE, #700				
CITY-ST-ZIP	LAKELAND, FL 33801				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
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NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
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: 				Date: 4/30/04    863-647-1581	