2001 UNIFORM BUS	SINESS REPO	RT (UBR)				
DOCUMENT # A9800	00002384					
SDS INVESTMENTS, LTD.		FI	LED		,	
Principal Place of Business 245 SPRINGSIDE ROAD LONGWOOD FL 32779	Mailing Address 245 SPRINGSIDE ROAD LONGWOOD FL 32779	Q1 1 45	-2 AM IC 3			
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.		/	DO NOT WRITE IN THIS SPACE			
City & State City & State			4. FEI Number	59-3539407	Applied For Not Applicable	
Zip Country	Zip	Country	5. Certificate of	f Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		Name	7. Name and Address of New Registered Agent			
CARMI, JOHN P 245 SPRINGSIDE ROAD LONGWOOD FL 32779			Street Address (P.O. Box Number is Not Acceptable)			
		Street Address				
		City			FL Zip Code	
8. The above named entity submits this statement if	or the purpose of changing its	registered office or regist				
		registered office or regist	ered agent, or both,	in the State of Florida.		
SIGNATURE Street or protect name of secletared game	Land tille (Land) cable (NOTI				-27-01	
Signature, typed or printed name of registered ager 9. Capital Contributions	10. Amount of Capita	E: Registered Agent signature requir al Contributions		11. MAKE CHECK PA	YABLE TO DEPT. OF STATE	
9. Capital Contributions as Shown on record. Signature, typed or printed name of registered ager 9. Capital Contributions as Shown on record. A GENERAL PARTNER	10. Amount of Capite in FLORIDA to di	E: Registered Agent signature required al Contributions ate.	ed when reinstating)	11. MAKE CHECK PAY SEE REVERSE SII	YABLE TO DEPT. OF STATE DE FOR FEE INFORMATION =FICE.	
9. Capital Contributions as Shown on record. \$1,000,000.00	10. Amount of Capite in FLORIDA to do THAT IS A BUSINESS EN AY NOT be changed on the	E: Registered Agent signature required al Contributions ate.	ed when reinstating)	11. MAKE CHECK PAY SEE REVERSE SII	YABLE TO DEPT. OF STATE DE FOR FEE INFORMATION FICE. Il partner.	
9. Capital Contributions as Shown on record. A GENERAL PARTNER NOTE: General Partners M 12. GENERAL PARTNE DOCUMENT / P98000087364 NAME SOS PROPERTY MANAGMENT,	10. Amount of Capite in FLORIDA to do THAT IS A BUSINESS EN AY NOT be changed on the R INFORMATION	E: Registered Agent signature requiral Contributions ate. ITITY MUST BE REGISTA form; an amendment	ed when reinstating)	11. MAKE CHECK PA SEE REVERSE SII TIVE WITH THIS OF to change a genera	YABLE TO DEPT. OF STATE DE FOR FEE INFORMATION FICE. Il partner.	
9. Capital Contributions as Shown on record. A GENERAL PARTNER NOTE: General Partners M 12. GENERAL PARTNE DOCUMENT / P98000087364	10. Amount of Capite in FLORIDA to do THAT IS A BUSINESS EN AY NOT be changed on the R INFORMATION	E: Registered Agent signature required al Contributions ate. ITITY MUST BE REGISTATE forms; an amendment and a management an	ed when reinstating) STERED AND ACent must be filed	11. MAKE CHECK PA SEE REVERSE SII CTIVE WITH THIS OF to change a genera ADDRESS CHANGE	YABLE TO DEPT. OF STATE DE FOR FEE INFORMATION FFICE. al partner. SONLY	
9. Capital Contributions as Shown on record. A GENERAL PARTNER NOTE: General Partners M 12. GENERAL PARTNE DOCUMENT / NAME SOS PROPERTY MANAGMENT, STREET ADDRESS 245 SPRINGSIDE ROAD	10. Amount of Capite in FLORIDA to do THAT IS A BUSINESS EN AY NOT be changed on the R INFORMATION	E: Registered Agent signature required at Contributions ate. ITITY MUST BE REGISTANCE form; an amendment at 13. STREET ADDRESS	ed when reinstating) STERED AND ACent must be filed	11. MAKE CHECK PA SEE REVERSE SII CTIVE WITH THIS OF to change a genera ADDRESS CHANGE	YABLE TO DEPT. OF STATE DE FOR FEE INFORMATION FFICE. al partner. SONLY	
9. Capital Contributions as Shown on record. A GENERAL PARTNER NOTE: General Partners M 12. GENERAL PARTNER GENERAL PARTNER NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # SIGNATURE OF PROPERTY MANAGMENT, LONGWOOD FL 32779 DOCUMENT #	10. Amount of Capite in FLORIDA to do THAT IS A BUSINESS EN AY NOT be changed on the R INFORMATION	E: Registered Agent signature requiral Contributions ate. TITY MUST BE REGIS ne form; an amendme 13. STREET ADDRESS CITY-ST-ZIP	ed when reinstating) STERED AND ACent must be filed	11. MAKE CHECK PA SEE REVERSE SII CTIVE WITH THIS OF to change a genera ADDRESS CHANGE	YABLE TO DEPT. OF STATE DE FOR FEE INFORMATION FICE. Il partner.	
9. Capital Contributions as Shown on record. A GENERAL PARTNER NOTE: General Partners M 12. GENERAL PARTNER NOTE: General Partners M 12. GENERAL PARTNER STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779 DOCUMENT # NAME STREET ADDRESS	10. Amount of Capite in FLORIDA to do THAT IS A BUSINESS EN AY NOT be changed on the R INFORMATION	E: Registered Agent signature required all Contributions atte. ITITY MUST BE REGISTATE form; an amendment and amendment amendment and amendment amendment and amendment and amendment amendment and amendment amendment amendment amendment ame	ed when reinstating) STERED AND ACent must be filed	11. MAKE CHECK PA SEE REVERSE SII CTIVE WITH THIS OF to change a genera ADDRESS CHANGE	YABLE TO DEPT. OF STATE DE FOR FEE INFORMATION FFICE. al partner. SONLY	
9. Capital Contributions as Shown on record. A GENERAL PARTNER NOTE: General Partners M 12. GENERAL PARTNER STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # DOCUM	10. Amount of Capita in FLORIDA to di THAT IS A BUSINESS EN AY NOT be changed on the RINFORMATION	E: Registered Agent signature required at Contributions at the state. ITITY MUST BE REGISTANDE FORM; an amendment of the state of the	ed when reinstating) STERED AND ACent must be filed	11. MAKE CHECK PA SEE REVERSE SII CTIVE WITH THIS OF to change a genera ADDRESS CHANGE	YABLE TO DEPT. OF STATE DE FOR FEE INFORMATION FFICE. al partner. SONLY	
9. Capital Contributions as Shown on record. A GENERAL PARTNER NOTE: General Partners M 12. GENERAL PARTNER STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	10. Amount of Capita in FLORIDA to di THAT IS A BUSINESS EN AY NOT be changed on the RINFORMATION	E: Registered Agent signature required all Contributions at the state. ITITY MUST BE REGISTATE form; an amendment of the state of the	ed when reinstating) STERED AND ACent must be filed	11. MAKE CHECK PA SEE REVERSE SII CTIVE WITH THIS OF to change a genera ADDRESS CHANGE	YABLE TO DEPT. OF STATE DE FOR FEE INFORMATION FFICE. al partner. SONLY	
9. Capital Contributions as Shown on record. A GENERAL PARTNER NOTE: General Partners M 12. GENERAL PARTNER GENERAL PARTNER NOTE: General Partners M 12. GENERAL PARTNER STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # DOCUMENT # NAME	10. Amount of Capita in FLORIDA to di THAT IS A BUSINESS EN AY NOT be changed on the RINFORMATION	E: Registered Agent signature required at Contributions ate. ITITY MUST BE REGISTA of form; an amendment and amendment amendment and amendmen	ed when reinstating) STERED AND ACent must be filed	11. MAKE CHECK PA SEE REVERSE SII CTIVE WITH THIS OF to change a genera ADDRESS CHANGE	YABLE TO DEPT. OF STATE DE FOR FEE INFORMATION FFICE. al partner. SONLY	
9. Capital Contributions as Shown on record. A GENERAL PARTNER NOTE: General Partners M 12. GENERAL PARTNER STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS	10. Amount of Capita in FLORIDA to di THAT IS A BUSINESS EN AY NOT be changed on the RINFORMATION	E: Registered Agent signature required at Contributions at the contributions and amendment at the contribution of the con	ed when reinstating) STERED AND ACent must be filed	11. MAKE CHECK PA SEE REVERSE SII CTIVE WITH THIS OF to change a genera ADDRESS CHANGE	YABLE TO DEPT. OF STATE DE FOR FEE INFORMATION FFICE. al partner. SONLY	
9. Capital Contributions as Shown on record. A GENERAL PARTNER NOTE: General Partners M 12. GENERAL PARTNER NOTE: General Partners M 12. GENERAL PARTNER STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME	10. Amount of Capita in FLORIDA to di THAT IS A BUSINESS EN AY NOT be changed on the RINFORMATION	E: Registered Agent signature required al Contributions at the contribution and amendments are contributed by the contribution of the contribution and contributions are contributed by the contribution and contributions at the contributions at the contribution and contributions are contributed by the contribution and contribution and contribution and contribution and contribution are contributed by the contribution and contribution and contribution and contribution are contributed by the contribution and contribution and contribution are contributed by the contribution and contribution are contributed by the contribution and contribution and contribution are contributed by the contribution and contributed by the contribution are contributed by the contribution and contributed by the contribution and contribution are contributed by the contribution and contribution are contributed by the contribution and contribution are contributed by the contribution and contrib	ed when reinstating) STERED AND ACent must be filed	11. MAKE CHECK PA SEE REVERSE SII CTIVE WITH THIS OF to change a genera ADDRESS CHANGE	YABLE TO DEPT. OF STATE DE FOR FEE INFORMATION FFICE. al partner. SONLY	
9. Capital Contributions as Shown on record. A GENERAL PARTNER NOTE: General Partners M 12. GENERAL PARTNER STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	10. Amount of Capita in FLORIDA to di THAT IS A BUSINESS EN AY NOT be changed on the RINFORMATION	E: Registered Agent signature required at Contributions at the contribution at	ed when reinstating) STERED AND ACent must be filed	11. MAKE CHECK PA SEE REVERSE SII CTIVE WITH THIS OF to change a genera ADDRESS CHANGE	YABLE TO DEPT. OF STATE DE FOR FEE INFORMATION FFICE. al partner. SONLY	

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:

