## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B9700000534  1. Entity Name AKD-SDS PARTNERS I, LTD.			<del></del>		FILED  03 APR 24 AM II: 31	
Principal Place of Business 910 LOUISIANA P.O. BOX 19366 HOUSTON TX 77002-4995 JACKSONVILLE FL 32245-90		166		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.					DUE BY MAY 1, 2003	
City & State City & State				4. FEI Number 59-3465831 Applied For Not Applicable		
Zip Country		Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current R	legistered Agent			7. Name and Address of New Registered Agent	
C T CODI	OCCATION SYSTEM			Name		
C T CORPORATION SYSTEM				Street Address (P.O. Box Number is Not Acceptable)		
1200 SOUTH PINE ISLAND ROAD				- State ( Additional Control of the Addition		
PLANTATION FL 33324						
				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.						
Signature, typed or printed name or registered agent and title if applicable.      Capital Contributions as Shown on record.      Signature, typed or printed name or registered agent and title if applicable.  10. Amount of Capital Crief in FLORIDA to date.				outions	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 #	F97000005275		CTO	ET ADODECC		
NAME	AKD-SDS, INC.		SIME	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	4310 PABLO OAKS COURT JACKSONVILLE FL 32224	•	CITY	-ST-ZIP	C00010010000	
DOCUMENT #			STRE	ET ADDRESS	<u>600016819776</u> 04/24/0301005017 **526.25	
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STREET ADDRESS CITY-ST-ZIP	<u> </u>		<u> </u>	-ST-ZIP		
14. Thereby o	ertity that the information supplied with t	his filing does not qualify for th	he exer	nption stated in Sec	ction 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: MANUEL OF SIGNATURE AND TYPED OR PRINTED MANE OF SIGNAND GENERAL PARTIES.

SIRPLE UMEUN PEHE

APRIL 17, 2003

904/223-7480

Daytime Phone #