

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000160

1. Entity Name

SDG DEVELOPMENT COMPANY LIMITED PARTNERSHIP

FILED

00 MAY -2 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 115 WEST WASHINGTON STREET. STE 1450-E INDIANAPOLIS IN 46204	Mailing Address 115 WEST WASHINGTON STREET. STE 1450-E INDIANAPOLIS IN 46204-3421
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 7066 Tax Dept. Suite, Apt. #, etc.
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City & State Indianapolis, IN	4. FEI Number 35-2043772	Applied For <input type="checkbox"/> Not Applicable
Zip 46207	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$250.00	10. Amount of Capital Contributions in FLORIDA to date. 250.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	F98000001516
NAME	SDG ACQUISITIONS, INC.
STREET ADDRESS	115 WEST WASHINGTON STREET, SUITE 15-E
CITY - ST - ZIP	INDIANAPOLIS IN 46204

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	700003289157--7 06/14/00--01074--016 ***141.25 ***141.25

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: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** _____ **Date** _____ **Daytime Phone #** _____