2001 UNIFORM BUSINESS REPORT (UBR)										-	J		
DOCU 1. Entity Nar	DOCUMENT # L0000007212							-	FILED				
SDM PR	SDM PRODUCTS, LLC							01 JUN -7 PM 3: 26					
Principal Plan	Principal Place of Rusinose								SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business Mailing Address									TALLAHASS	EE, FL	ÖRIÐA		
3461 BONITA BAY BLVD SUITE 204 3461 BONITA BAY BONITA SPRINGS FL 34134 BONITA SPRINGS							204						
DOMEN OF THE OFFICE OFFICE DOMEN OF THIS OFFI OFFI OFFI OFFI OFFI OFFI OFFI OF													
2. Principal F	3. Mailin	ng Address	Address										
Suite, Apt. #, etc. 1					Suite, Apt. #, etc.				DO NOT WE!	TE INI TUIC	CDACE		
001(0,7)	Suite, Apr. #, etc.				Suite, Apr. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State				City & State				4. FEU	4. FEJNumber Applied For				
Zip	7:				7:-			4	1-050464	0		t Applicable	
Ζip	Country			Zip . C			Country 5.		ificate of Status Desired		\$5.00 Add Fee Required	litional d	
6. Name and Address of Current F				legistered Agent			7. Name and Address of New Registered Agent						
Name									•			• -	
VON BERG, PETER							Street Address (P.O. Box Number is Not Acceptable)						
3461 BONITA BAY BLVD., SUITE 204							ļ	<u> </u>					
BONITA SPRINGS FL 34134													
							City			FL	Zip Code	•	
8. The above	named entity	submits this	statement for	r the purpos	se of changing its:	register	ed office or reg	istered agent,	or both, in the State of Flo	rida.			
	ž.											Ì	
SIGNATURE	Signature, typed	or printed name of	registered agent a	and title if applica	able. (NOTE	Registere	d Agent signature re	equired when reinstat	ing)	DATE			
					EU E MG			^^]				
				l N	FILE NC lake Check Pay		FEE IS \$50.						
				"		,05.0	.о шорд. ао	Or Oldio					
9. MANAGING MEMBE							·		ADDITIONS/	CHANGES			
TITLE P. D.	PESE	e VON	BERG	>	Delete	TITL NAM	- 1				Change	☐ Addition	
STREET ADDRESS	3461	BONITA	1 BAL	x Bluz	Delete #204		EET ADDRESS						
CITY-ST-ZIP	BON 11A	SAM	165 P	<u> </u>	14134	CITY	'-ST-ZIP		200004	<u> </u>	212.	<i></i>	
TITLE		•			☐ Delete	TITL	E		-06/14	/010	1633000	2∃ Addition	
NAME STREET ADDRESS	1			NA eti			EET ADDRESS	-06/14/0101 0 39 023 ^{Ad} *****50.80 *****50.80			0.00		
CITY-\$T-ZIP							-ST-ZIP		•				
TITLE					Delete	TITL	E				Change	Addition	
NAME		,				NAM						ļ	
STREET ADDRESS CITY-ST-ZIP							ET ADDRESS -ST-ZIP						
TITLE					☐ Delete	TITL					Change	Addition	
NAME					C Delete	NAM					C. Change		
STREET ADDRESS							ET ADDRESS						
CITY-ST-ZIP						<u> </u>	-ST-ZIP					□ Addison	
NAME .					Defete	TITLE	1				☐ Change	☐ Addition	
STREET ADDRESS							ET ADDRESS)	
CITY-ST-ZIP (<u> </u>				CITY	-ST-ZIP			<u> </u>			
TITLE					Defete	TITLE	1				Change	Addition	
NAME						NAM STRE	ET ADDRESS -					1	
CITY-ST-ZIP							-ST-ZIP						
11. I hereby o	certify that the	information s	upplied with	this filing do	pes not qualify for	the exe	mption stated i	in Section 119.0	07(3)(i), Florida Statutes. I r oath; that I am a manag	further cer	tify that the in	formation of the	
limited lia	bility compan	y or the recei	ven or trustee	empowered	d to execute this re	eport as	required by C	hapter 608, Flo	rida Statutes.	ing membe	a or manager	OI IIIO	

SIGNATURE:

BEQUISED AGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #