

2001 UNIFORM BUSINESS REPORT (UBR)

0028866 AF

DOCUMENT # L00000012794

1. Entity Name

SDI ROSEMONT, LLC

FILED

01 APR 16 AM 10:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2002 RICHARD JONES RD., STE. C-105
P.O. BOX 158385
NASHVILLE TN 37215-8385

Mailing Address

2002 RICHARD JONES RD., STE. C-105
P.O. BOX 158385
NASHVILLE TN 37215-8385

2. Principal Place of Business

3. Mailing Address

P.O. Box 158385

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Nashville, TN

Zip

Country

Zip

Country

37215

4. FEI Number

62-1836608

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUILDER, J. LINDSAY JR.
369 N. NEW YORK AVE.
WINTER PARK FL 32789

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

300004035953--8
-04/20/01--01086--024
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
JOHNSON, SAMUEL L III
2002 RICHARD JONES RD., STE. C-105
NASHVILLE TN 37215-8385

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Samuel L. Johnson III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-13-01

Date

615-385-4944

Daytime Phone #

CR2E083 (11/00)