2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2002
Secretary of State

DOCUMENT# L01000001356

Entity Name: S & D HOLDINGS, LLC

Current Principal Place of Business:

4800 N.W. SECOND AVE., STE. 6
BOCA RATON, FL 33431

New Principal Place of Business:

2300 GLADES ROAD, SUITE 100W
BOCA RATON, FL 33431

Current Mailing Address:

4800 N.W. SECOND AVE., STE. 6
BOCA RATON, FL 33431

New Mailing Address:

2300 GLADES ROAD, SUITE 100W
BOCA RATON, FL 33431

FEI Number: 65-1070477 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DONALDSON, JOHN
4800 N.W. SECOND AVE., STE. 6
BOCA RATON, FL 33431

Name and Address of New Registered Agent:

DONALDSON, JOHN
2300 GLADES ROAD, SUITE 100W
BOCA RATON, FL 33431

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: _____ 08/03/2002

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: SCHULMAN, STEPHEN A DR.
Address: 2300 GLADES ROAD, SUITE 100W
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM ( ) Change (X) Addition
Name: DONALDSON, JOHN M
Address: 2300 GLADES ROAD, SUITE 100W
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOHN M. DONALDSON MGRM 08/03/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date