

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2002 8:00 am
Secretary of State

01-22-2002 90098 005 ****55.00
 07-31-2002 90106 015 ****55.00

DOCUMENT # L01000003396

1. Entity Name
S.I. DEVELOPMENT, L.L.C.

Principal Place of Business Mailing Address
% H.E. PFERDEKAEMPER **% H.E. PFERDEKAEMPER**
3037 BUCK RIDGE TRAIL **3037 BUCK RIDGE TRAIL**
LOXAHATCHEE FL 33470 **LOXAHATCHEE FL 33470**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **H.E. PFERDEKAEMPER**
PO BOX 885
 City & State City & State
LOXAHATCHEE, FL
 Zip Country Zip Country
33470 **PALM BEACH**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1110411** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
PFERDEKAEMPER, HORST-E
3037 BUCK RIDGE TRAIL
LOXAHATCHEE FL 33470

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. I am familiar with, and accept the obligations of registered agent. **PFERDEKAEMPER**

SIGNATURE **[Signature]** **NO CHANGE** **07/12/02**
Signature, typed or printed name of registered agent and agent applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 606, Florida Statutes.

SIGNATURE: **[Signature]** **REQUIRED** **07/12/02** **(581) 753 0819**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)