

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000003396

1. Entity Name

S.I. DEVELOPMENT, L.L.C.

FILED

Jul 31, 2002 8:00 am
Secretary of State

01-22-2002 90098 005 ****55.00

07-31-2002 90106 015 ****55.00

Principal Place of Business

% H.E. PFERDEKAEMPER
3037 BUCK RIDGE TRAIL
LOXAHATCHEE FL 33470

Mailing Address

% H.E. PFERDEKAEMPER
3037 BUCK RIDGE TRAIL
LOXAHATCHEE FL 33470

2. Principal Place of Business

3. Mailing Address

H.E. PFERDEKAEMPER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO BOX 885

City & State

City & State

LOXAHATCHEE, FL

Zip

Country

Zip

Country

33470

PALM BEACH

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.

SIGNATURE *Pferdekemper mgi*
Signature, typed or printed name of registered agent and agent applicable.

NO CHANGE

07/12/02

(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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

M.B.R.
H.E. PFERDEKAEMPER
3037 BUCK RIDGE TRAIL
LOXAHATCHEE, FL 33470

CR2E083 (4/02)

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: *Pferdekemper mgi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

07/12/02 (581) 753 0819

Date

Daytime Phone #