

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

03-20-2002 90008 040 ****50.00

DOCUMENT # L01000004281

1. Entity Name

S&D PROPERTY MANAGEMENT GROUP, L.L.C.

Principal Place of Business

**879 BRIGHT MEADOW DRIVE
 LAKE MARY FL 32748**

Mailing Address

**879 BRIGHT MEADOW DRIVE
 LAKE MARY FL 32748**

2. Principal Place of Business

2110 Judith Place

3. Mailing Address

2110 Judith Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longwood FL

City & State

Longwood FL

Zip

32779 USA

Zip

32779 USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**D'SOUZA, SYBIL S
 879 BRIGHT MEADOW DRIVE
 LAKE MARY FL 32748**

7. Name and Address of New Registered Agent

Name

Sybil S. D'Souza

Street Address (P.O. Box Number is Not Acceptable)

2110 Judith Place

City

Longwood

FL

Zip Code

32779

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

S. D'Souza

3/5/02

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **President** ☐ Delete
 NAME **Sybil D'Souza**
 STREET ADDRESS **2110 Judith Place**
 CITY-ST-ZIP **Longwood FL 32779**

TITLE **Managing Director** ☐ Delete
 NAME **Desmond D'Souza**
 STREET ADDRESS **2110 Judith Place**
 CITY-ST-ZIP **Longwood FL 32779**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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:

SIGNATURE: S. D'Souza

3/5/02

**(H) 407-833-8262
 (W) 409-665-4103**

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

Date

Daytime Phone #

CR2E083 (9/01)