## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 4 01000006005

SIGNATURE:

SIDON COMPANIES LLC



## **FILED** Feb 04, 2003 8:00 am Secretary of State 02-04-2003 90058 001 \*\*\*\*50.00

	DO NOT WRITE	IN THIS S	PACE			
2. Principal Place of Business  800 WDAVIEW WAY  Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		20092 SO NOT WRITE IN TH	2002035 OO NOT WRITE IN THIS SPACE	
City & State	DERTON FL	City & State		4. FEI Number 65-1115250	Applied For Not Applicable	
3431	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
	DO NOT WI	THE REPORT OF THE PERSON NAMED IN		7. Name and Address of Current Register  OVALO W BUSS  ress (P.O. Box: Number: Is: Not: Acceptable)	ered Agent	
	IN THIS SP	ACE	806 City 3	MOOOVIED WAY	-L 3262/2	
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  SIGNATURE						
FEE IS \$50.00  Make Check Payable to Florida Department of State  DUE BY MAY 1						
9.	MANAGING MEMBER	RS/MANAGERS			water transiers. Washington with a religious to the deficient the deficient that	
TITLE	PRESIDENT		TITLE			
NAME	DONALD W BES	3	NAME			
STREET ADDRESS CITY-ST-ZIP	BRADERTON FI	W4434212	STREET ADDRESS CITY-ST-ZIP			
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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.						

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE