

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L01000015705**

1. Entity Name

SGRD ENTERPRISES, LLC



**FILED
May 05, 2003 8:00 am
Secretary of State**

05-05-2003 90089 016 ****50.00

0073593

Principal Place of Business

3915 MASSACHUSETTS AVE., N.W.
WASHINGTON DC 20016

Mailing Address

3915 MASSACHUSETTS AVE., N.W.
WASHINGTON DC 20016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number **65-1139909**

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BAND, GREGORY S
1680 FRUITVILLE ROAD
SUITE 102
SARASOTA FL 34236**

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

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE **MGR**
NAME **BAND, GREGORY S**
STREET ADDRESS **1680 FRUITVILLE ROAD, SUITE 102**
CITY-ST-ZIP **SARASOTA FL 34236**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **MGR**
NAME **BAND, DOUGLAS J**
STREET ADDRESS **3915 MASSACHUSETTS AVE., N.W.**
CITY-ST-ZIP **WASHINGTON DC 20016**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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CITY-ST-ZIP

Change Addition

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 REQUIRED

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

1/31/03

941-316-0111

Daytime Phone #

CR2E083 (10/02)