

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90229 007 \*\*\*\*50.00

**DOCUMENT # L01000021259**



1. Entity Name  
**HSDC, LLC**

Principal Place of Business

**11900 BISCAYNE BLVD., SUITE 807  
MIAMI FL 33181**

Mailing Address

**11900 BISCAYNE BLVD., SUITE 807  
MIAMI FL 33181**

**20009244**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **80-0012842**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GLASER, ALLAN M P.A.  
11900 BISCAYNE BLVD., SUITE 807  
MIAMI FL 33181**

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

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

TITLE: **MGR**  Delete  
NAME: **GLASER, ALLAN**  
STREET ADDRESS: **11900 BISC BLVD**  
CITY-ST-ZIP: **MIAMI FL 33181**

TITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

10. ADDITIONS / CHANGES

TITLE:  Change  Addition  
NAME: **MGR**  
STREET ADDRESS: **THEODORE NETZKY**  
CITY-ST-ZIP: **55 EAST SUPERIOR  
CHICAGO, IL 60611**

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]* **SIGNATURE REQUIRED** *Netzky Mgr* *1/13/03* *305 9935499*

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

Date

Daytime Phone #