2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000022399 1. Entity Name FDS INVESTMENTS, LLC



Principal Place of Business

1819 MAIN ST., SUITE 230 SARASOTA, FL 34236 Mailing Address

1819 MAIN ST., SUITE 230 SARASOTA, FL 34236

FILED Apr 22, 2004 08:00 AM Secretary of State



04142004 No Chg-LLC

CR2E083 (10/03)

4,	FEI Number	1	l wbbilled Loc
	80-0028769		Not Applicable
5.	Certificate of Status Desired	\$5.0 Fee F	Additional uired

6. Name and Address of Current Registered Agent

SILBERSTEIN, DAVID M 720 S. ORANGE AVENUE SARASOTA, FL 34236

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SARASOT	A, FL 34236	IN THIS S	IN THIS SPACE			
	named entity submits this statement for the purpose of changing its ions of registered agent.	registered office or registered agent, or both, in the State	of Florida. I am familiar with, and accept			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTE	Registered Agent signature required when (einstaling)	DATE			
Fi D:	iling Fee is \$50.00 ue by May 1, 2004	U00 04/23/	000125720 04-80006-003 50.00			
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGR WACHOVA BANK 1819 MAIN ST., SUITE 230 SARASOTA, FL 34236					
TITLE NAME STREET ADDRESS CITY - S1 - ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE			
TITLE NAME STREET ADDRESS CITY-SI-ZIP		IN THIS	SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY ST-ZIP	cartify that the information supplied with this filling close not quality to	r the exemption stated in Section 119 07/3Vi3 Florida State	utes. I further early that the information			
11. I hereby	certify that the information supplied with this filing does not qualify for	r the exemption stated in Section 119.07(3)(i), Florida Statuthe same legal effect as if made under calls, that I am a m	utes. I further certify that the information			

11. I hereby certify that the information supplied with this iming does not quality for the exemption stated in Section 1190/03/03, 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 AND TYPED OR PRINTED NAME OF SIGNAMO MANAGING HEMBER, OR AUTHORIZED REPRESENTATIVE

4120104

941.361.5810

Daylime Phone #