

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90040 007 ****50.00

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **80-0028769**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SILBERSTEIN, DAVID M
720 S. ORANGE AVENUE
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** ☐ Delete
NAME **FIRST UNION NATIONAL BANK**
STREET ADDRESS **1819 MAIN ST., SUITE 230**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **MGR** ☒ Change ☐ Addition
NAME **WACHOVIA BANK, N.A. f/k/a FIRST UNION**
STREET ADDRESS **NATIONAL BANK**
CITY-ST-ZIP **1819 MAIN ST., SUITE 230**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Delete
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CITY-ST-ZIP

11. I hereby certify that the information supplied in this filing 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: BY **SILBERSTEIN, DAVID M**
FIRST UNION NATIONAL BANK

4/20/03

941-361-5810

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

Date

Daytime Phone #

CR2E083 (10/02)