


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90008 020 \*\*\*\*50.00

**DOCUMENT # L02000011170**

1. Entity Name  
**SD-FT. LAUDERDALE, LLC**



Principal Place of Business      Mailing Address

**C/O WEBSTER & PARTNERS. P.L.**      **C/O WEBSTER & PARTNERS. P.L.**  
**1936 LEE RD., STE. 101**      **1936 LEE RD., STE. 101**  
**WINTER PARK FL 32789**      **WINTER PARK FL 32789**

2. Principal Place of Business      3. Mailing Address

**999 Douglas Ave**      **999 Douglas Ave.**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**3320**      **3320**

City & State      City & State

**Altamonte Springs FL**      **Altamonte Springs FL**

Zip      Country      Zip      Country

**32714**      **USA**      **32714**      **USA**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**W & P SERVICES, INC.**  
**1936 LEE RD., STE. 101**  
**WINTER PARK FL 32789**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	KNUDSEN, K.P.	1153 BENNETT DR-%SCAN DESIGN OF FL INC	LONGWOOD FL 32750	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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**      2/3/03      Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Day/Time Phone #

CR2E083 (10/02)