2001	UNIF	ORM	BUSINESS	REPORT	(UBR
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DOCUMENT # L9800001123 1. Entity Name FDN, L.C.							FILED OI APR -4 AM 8: 00				
Principal Plac	ce of Busines	s	Mailing Address				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
227 FAIRWAY			227 FAIRWAY DRIVE				MELMINGGEE,	rlukiu	Д		
ORMOND BEACH FL 32176 ORMOND BEACH FL 32176							I summindin did natur (alia daish daish da	 	111 11 21 1 12 1 11		
Principal Place of Business 3. Mailing Address						_					
								- 11.1			
Suite, Apt.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State City & State					4. FE	58-9108555		_ 	oplied For ot Applicable		
Zip		Country	Zip	Coun	try	5. . Ce	ortificate of Status Desired		5.00 Add		
	6. Name	and Address of Curren	nt Registered Agent		Nama	7. Na	me and Address of New Re	gistered Ag	ent		
DESAI, P	RAMILA				Name						
227 FAIR	WAY DRIVE	•			Street Address (P.O. Box Number is Not Acceptable)						
ORMONE	BEACH F	_ 321/6			City	7:-0-4-					
9. The shows	named ontit	r submits this statement	for the purpose of changing its	register	<u> </u>	nistored need	FL Zip Code				
6. The above	: named enut	y submits this statement	for the purpose of changing its	s registere	ed onice or reg	gistered agen	it, or both, in the State of Flor	oa.			
SIGNATURE .	Signature, typed	or printed name of registered ager	nt and title if applicable. (NOT	E: Registere	d Agent signature re	equired when reins	tating)	DATE			
			FILE N	OW!!! I	FEE IS \$50	.00					
			Make Check Pa	ayable t	o Departme	ent of State					
9.		MANAGING MEMI		10.			ADDITIONS/0				
TITLE NAME	MGRM Ferrini,	VINO	☐ Delete	TITLE NAM					☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	13624 G/	MMA ROAD			ET ADDRESS - ST-ZiP		•				
TITLE	DALLAS MGRM	18 /5244	□ Delete	TITLE			:] Change	Addition	
NAME STREET ADDRESS	DESAI, P			NAMI	ET ADDRESS		900003	993:	519	3	
CITY-ST-ZIP		WAY DRIVE BEACH FL 32176			ST-ZIP	٠.٠.	-04/12	/010: 50.00 -	1023	016 :50.00	
title Name	MGRM	DUI IDATDAL D	☐ Delete	TITLE	•		<i>भृत्युः स्थानः</i> -] دور دون] Change	Addition	
STREET ADDRESS CITY-ST-ZIP		BHUPATRAI P MMA ROAD DY 75244		STRE	ET ADDRESS ST-ZIP						
TITLE	U, ILLAV		☐ Delete	TITLE				[Change	Addition	
NAME STREET ADDRESS				NAME STREE	ET ADDRESS						
CITY-ST-ZIP			Delete	CiTY-	ST-ZIP			- г] Change	Addition	
NAME			— Delete	NAME	:			L	_ ondings	Li Addition	
STREET ADDRESS CITY-ST-JP	•				ST-ZIP		,			Ì	
TITLE :			☐ Delete	TITLE				Ĺ] Change	☐ Addition	
STREET ADDRESS					T ADDRESS		•				
11. I hereby o	ertify that the	information supplied wit	th this filing does not qualify to	r the exer	ST-ZiP nption stated i	in Section 11	9.07(3)(i), Florida Statutes 11	urther certifi	that the in	formation	
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 repeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.											
SIGNATURE: Pramila Desai, managing member 4/2/2001 904-239-9795											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #											