

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90021 048 ****50.00

DOCUMENT # L98000001123

1. Entity Name

FDN, L.C.

Principal Place of Business

**227 FAIRWAY DRIVE
 ORMOND BEACH FL 32176**

Mailing Address

**227 FAIRWAY DRIVE
 ORMOND BEACH FL 32176**

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

58-9108555

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DESAI, PRAMILA
 227 FAIRWAY DRIVE
 ORMOND BEACH FL 32176**

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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE Delete
 NAME **MGRM FERRINI, VINO**
 STREET ADDRESS **13624 GAMMA ROAD**
 CITY-ST-ZIP **DALLAS TX 75244**

TITLE Delete
 NAME **MGRM DESAI, PRAMILA**
 STREET ADDRESS **227 FAIRWAY DRIVE**
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE Delete
 NAME **MGRM NARAN, BHUPATRAI P**
 STREET ADDRESS **13624 GAMMA ROAD**
 CITY-ST-ZIP **DALLAS TX 75244**

TITLE Delete
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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: *PrAMILA Desai* **PrAMILA Desai, managing member**

3.28.02

386-239-9795

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

Date

Daytime Phone #

CR2E083 (9/01)