

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0006298 AF

DOCUMENT # L99000005249

1. Entity Name  
SLD REAL ESTATE, L.L.C.

00 MAY -6 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3801 W SUNRISE BLVD  
FT LAUDERDALE FL 33311

Mailing Address  
3801 W SUNRISE BLVD  
FT LAUDERDALE FL 33311-6301



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 65-0948605 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

7. Name and Address of New Registered Agent

HUMPHRIES, J. GREGORY ESQ  
20 N ORANGE AVE  
SUITE 1000  
ORLANDO FL 32801-4626

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGRM  
NAME SMITH, PHILIP P  
STREET ADDRESS 3801 W SUNRISE BLVD  
CITY-ST-ZIP FT LAUDERDALE FL 33311 ☐ Delete

TITLE MGRM  
NAME SMITH, PHILIP P  
STREET ADDRESS 3801 W SUNRISE BLVD  
CITY-ST-ZIP FT LAUDERDALE FL 33311 ☒ Change ☐ Addition

TITLE MGRM  
NAME DAYHOFF, MICHAEL R  
STREET ADDRESS 3801 W SUNRISE BLVD  
CITY-ST-ZIP FT LAUDERDALE FL 33311 ☐ Delete

TITLE M  
NAME DAYHOFF, MICHAEL R  
STREET ADDRESS 3801 W SUNRISE BLVD  
CITY-ST-ZIP FT LAUDERDALE FL 33311 ☒ Change ☐ Addition

TITLE MGRM  
NAME LUTTER, JON F  
STREET ADDRESS 3801 W SUNRISE BLVD  
CITY-ST-ZIP FT LAUDERDALE FL 33311 ☐ Delete

TITLE M  
NAME LUTTER, JON F  
STREET ADDRESS 3801 W SUNRISE BLVD  
CITY-ST-ZIP FT LAUDERDALE FL 33311 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #

CR21083 (9/93)

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\*\*\*\*\*50.00 \*\*\*\*\*50.00