


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90279 012 ****50.00

| | | | | | |
|---|---------------------------------|---|--|---|--|
| DOCUMENT # L99000005249 1. Entity Name SLD REAL ESTATE, L.L.C. | | | |  | |
| Principal Place of Business 1000 NORTH FEDERAL HIGHWAY POMPANO BEACH, FL 33062 | | | Mailing Address 1000 NORTH FEDERAL HIGHWAY POMPANO BEACH, FL 33062 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 03152004 Chg-LLC CR2E083 (10/03) | |
| Zip | | Country | | 4. FEI Number 65-0948605 | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| HUMPHRIES, J. GREGORY ESQ SHUTTS & BOWEN LLP 300 S ORANGE AVENUE, SUITE 1000 ORLANDO, FL 32801-4956 | | | | Name Corporation Company of Orlando | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) 300 S. Orange Ave., Suite 1000 (JGH) | |
| | | | | City Orlando | |
| | | | | State FL | |
| | | | | Zip Code 32801 | |
| 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 | | J. Gregory Humphries, Vice President | | DATE 3-31-04 | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGRM- | <input type="checkbox"/> Delete | TITLE | MGRM P S CEO Chairman | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, PHILIP P | | NAME | | |
| STREET ADDRESS | 1000 NORTH FEDERAL HIGHWAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33062 | | CITY-ST-ZIP | | |
| TITLE | VTAC | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DAYHOFF, MICHAEL R | | NAME | | |
| STREET ADDRESS | 1000 NORTH FEDERAL HIGHWAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33062 | | CITY-ST-ZIP | | |
| TITLE | MGRV | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LUTTER, JON F | | NAME | | |
| STREET ADDRESS | 1000 NORTH FEDERAL HIGHWAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33062 | | CITY-ST-ZIP | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PARTNERS, PPS | | NAME | | |
| STREET ADDRESS | 1000 N FEDERAL HWY | | STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33062 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: <i>Michael R Dayhoff</i> | | <i>Michael R DAYHOFF</i> | | DATE 3/10/04 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | Daytime Phone # 954-867-1234 | |