## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # M97000000847

1. Entity Name

SUGARLAND BUSINESS CENTER L.L.C.



FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90575 029 \*\*\*\*55.00

Principal Plac	e of Business	Mailing Address										
560 HERNDON HERNDON VA 2	PARKWAY. SUITE 200 22070	1350 E. NEWPORT CENTER DR., STE, 206 DEERFIELD BEACH FL 33442										
						<b>  1994   1</b>    {	18 15 16 16 16 16 16 16 16 16 16 16 16 16 16		<b>i</b> ng <b>1910</b> (1961 <b>1</b>			
		3. Mailing Address										
c/o Taurus Investment Holdings, LLC					ıe)	. (30.0-1)						
	#.etc. ast Newport Center	<u> </u>				CHECK HERE IF MAKING CHANGES					_	
	eld Beach, FL 334				4. FEI Number	B3 	Applied For Not Applicable					
Zip 	Country	Zip	try		5. Certificate of Status Desired \$5.00 Additional Fee Required							
	6. Name and Address of Current Re	gistered Agent	<b>.</b>	<u> </u>		7. Name and A	Address of New	Registered	Agent		1	
TAURUS INVESTMENT GROUP, INC.					Name							
ATTN	n: Linda Kassof	ne.		Street Address (P.O. Box Number is Not Acceptable)								
	) e. Newport Center Dr., Ste. 2 Rfield Beach Fl 33442	VO		}							ł	
DLL	MILLED BENOTT E 00442			City	<del>- ,</del>			FI	Zip Coc	ie	1	
	named entity submits this statement for the	ne purpose of changing its	registere	ed office or	r registere	d agent, or both	, in the State of F		L	and accept	-	
SIGNATURE .						<del>,</del>	_ <u>_</u>					
<del></del>	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	: Registered	d Agent signati	ure required w	vhen reinstating)		DATE			-	
		FILE NO	W!!! F	FEE IS \$	50.00	ſ					1	
		Make Check Payabl				t of State					}	
•		Due	By Ma	ay 1, 200	3	1					-	
9.	MANAGING MEMBERS	/MANAGERS	10.				ADDITIONS	CHANGE:	S		].	
TITLE	MGR	☐ Delete	TITLE		ļ				☐ Change	☐ Addition	8	
NAME	VOELKEL, MARKUS		NAMI								3	
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TITLE	MGR ACKERMANS-MEYDEN, UTA	☐ Delete	TITLE		<u> </u>				* Change	Addition	13	
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CITY-ST-ZIP				-ST-ZIP								
	WILLICH-SCHIEFBAHN, GERMANY MGR		4-		<del>  -</del>	<del></del>	<del></del>		[7] Observe	- Addition	┨	
TITLE NAME	GUENTHER, REIBLING	☐ Delete	TITLE						☐ Change	☐ Addition	}	
STREET ADDRESS	1350 E. NEWPORT CENTER DR., S	TE 200		et address							ł	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	71C. 200		-ST-ZIP							1	
TITLE	MGR	Delete	TITLE		<u> </u>				Change	Addition	1	
NAME	KASSOF, LINDA G	LJ Doiete	NAME						ogo		ł	
STREET ADDRESS	1350 E NEWPORT CENTER DR #2	206	STRE	et address							1	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		CITY-	-ST-ZIP								
TITLE		☐ Delete	TITLE			· · · · · ·			☐ Change	Addition	1	
NAME			NAME	Ε ,	)				-		ļ	
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indicated	ertify that the information supplied with thi on this report is true and accurate and tha bility company of the receiver or trustee er	at my signature shall have t	ihe same	e legal etter	ct as if ma	ade under oath; t	hat I am a mana	. I further ce aging memb	rtify that the i er or manage	nformation er of the		

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