2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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

|   | 111 011111 0031111   | 133 NEFUN   | i (ODI                               | ·/                        | _                                | . " "  | 4 1   |                                |              |          |
|---|--|---|--------------------------------------|---------------------------|----------------------------------|--|---|--------------------------------|--------------|----------|
| DOCUMENT # M9900001708  1. Entity Name SIDUGAL LLC      |  |   |                                      |                           | (0.3                             | FILLED   |   |                                |              |          |
| Principal Plac  | on of Business   | Mailing Address   | <del></del>                          |                           | †                                |  | -   |                                |              |          |
| Principal Place of Business Mailing Address             |  |   | 0.40                                 |                           | 'SE                              | CRETARY OF &   | TATE  |                                |              |          |
| 3399 PGA BOULEVARD. #240<br>PALM BEACH GARDENS FL 33410 |  | 3399 PGA BOULEVARD, #240<br>PALM BEACH GARDENS FL 33410   |                                      |                           | 和                                | ORETARY (OF 3<br>LAHASSEE, IFL   | LACIEL<br>Aditos                                  |                                |              |          |
| TAGIN DERON Y   |  |   |                                      |                           | 1 .                              |  |   | + <b>4.6</b> 11 <b>4.6</b> 1   |              |          |
|   |  |   |                                      |                           | J                                |  | <b>191</b> 181 <b>18</b> 181 <b>1818</b> 1 18     | JE ( <b>188</b> ) <b>(19</b> ) |              |          |
| 2. Principal F  | Place of Business  | 3. Mailing Address  |                                      |                           |                                  | <b>u</b> in 11 <b>8</b> muin 1694 <b>ma</b> ilt <b>60</b> 91   | <b>40</b> 00 <b>30</b> 00 <b>0000</b> 00 <b>0</b> | AL LEWIS BLA                   | VI IVII AVAI |          |
| Suite, Apt. #, etc.                                     |  | Suite, Apt. #, etc.                                       |                                      |                           | -                                |  |   |                                |              |          |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.                                       | one, opt. #, etc.                    |                           |                                  | ☐ CHECK HERE   | IF MAKING CH                                      | ANGES                          |              |          |
| City & Stat   | ie e   | City & State  |                                      |                           | 4. FEI Num                       | iber <b>65-099333</b> (  | <u> </u>  | Ap                             | plied For    | ٦        |
| ,   |  |   |                                      |                           | 00 000000                        | ,  | No  | t Applicable                   | ,            |          |
| Zíp Country   |  | Zip Country   |                                      |                           | 5 Certifica                      | te of Status Desired   | \$5.  | .00 Addi                       | itional      | 7        |
|   |  | <u> </u>  | <u> </u>                             |                           | l _                              |  | _ Fee   | Required                       | 1            |          |
|   | 6. Name and Address of Current   | Registered Agent  | Nam                                  |                           | 7. Name ar                       | nd Address of New R  | egistered Ager                                    | <u>nt</u>                      |              | _        |
| PIERRE, THOMAS A  |  |   |                                      | ie                        |                                  |  |   |                                |              |          |
| 3399 PGA BOULEVARD, #240                                |  |   | Stree                                | et Address (              | P.O. Box Num                     | ber is Not Acceptable  | )   |                                |              | =[-      |
|   | M BEACH GARDENS FL 33410   |   | ļ <del>-</del>                       |                           |                                  |  |   |                                |              | -{       |
|   |  |   | }                                    |                           |                                  |  |   |                                |              |          |
|   |  |   | City                                 |                           |                                  |  | FL  | Zip Code                       | ,            | 7        |
| 8 The above   | named entity submits this statement for  | r the oursess of changing its                             | registered office                    | e or register             | ed agent or h                    | oth, in the State of Flo   |   | iar with s                     | and accept   | $\dashv$ |
|   | tions of registered agent.   | or the purpose and indinging its                          | s registered onto                    | e or register             | ou agent, or a                   | out, in the otate of ho  |   | (A) 44)(III, C                 | and accept   |          |
| CIONIATIIDE   | +-1  |   |                                      | Ý                         |                                  |  |   |                                |              |          |
| SIGNATURE   | Signature, typed or printed name of registered agent                                 | and title if applicable. (NOT                             | E: Registered Agent s                | gnature required          | when reinstating)                |  | DATE  |                                |              |          |
|   |  | FILE N  | OW!!! FEE I                          | \$ \$50.00                |                                  |  |   |                                |              | 1        |
|   |  | Make Check Payab  |                                      |                           | nt of State                      | •  |   |                                |              |          |
|   |  | Due By  | y September                          | 24, 2003                  |                                  |  |   |                                |              |          |
| 9.  | MANAGING MEMBE   | ERS/MANAGERS  | 10,                                  |                           |                                  | ADDITIONS/   | CHANGES   |                                |              | 7        |
| TITLE   | MGRM   | ☐ Delete  | TITLE                                |                           |                                  |  | ., ,, , , <u>,</u>                                | Change                         | Addition     | 78       |
| NAME  | SINA, MALCOLM  |   | NAME                                 | }                         | 10.70°                           | 700236<br>7/03-01055-  |   | ເ<br>ມີເຄດ                     |              |          |
| STREET ADDRESS  | 3399 PGA BOULEVARD #240  |   | STREET ADDRE                         | SS                        | I QV W                           | 15 00 O TOOO   | വാള ഹോ  | 0.00                           |              | Ì        |
| CITY-ST-ZIP   | PALM BEACH GARDENS FL 334  |   | CITY-ST-ZIP                          |                           |                                  |  |   |                                |              | _   8    |
| TITLE   | MGRM   | Delete  | TITLE                                | }                         |                                  | _  |   | Change                         | ☐ Addition   | (        |
| NAME  | DUCAT, LAURENCE A  | IITE A A  | NAME<br>CORRECT ADDRESS              | rc                        | 11                               | າດດວລຣ   | 19531   | Í                              |              |          |
| STREET ADDRESS CITY-ST-ZIP                              | 801 E. GERMANTOWN PIKE, SL<br>  NORRISTOWN PA 19401                                  | IIIC A**  | STREET ADDRE                         | 35                        | 10/36                            | 000236<br>1/0301058  | -004 **1  | 05.00                          | }            |          |
| TITLE   | MGRM   | ☐ Delete  | TITLE                                | <del></del>               |                                  |  | <del></del>                                       | Change                         | ☐ Addition   | -        |
| NAME  | GALGANO, JAMES V   | L. Delete   | NAME                                 |                           |                                  |  | . 4   | Ondrigo                        |              |          |
| STREET ADDRESS  | 3399 PGA BOULEVARD #240  |   | STREET ADDRE                         | ss                        |                                  |  |   |                                |              |          |
| CITY-ST-ZIP   | PALM BEACH GARDENS FL 334  | 10  | CITY-ST-ZIP                          | <u> </u>                  |                                  | · ·  |   |                                |              |          |
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| NAME  |  |   | NAME                                 | ALA-1                     | AURICH                           | PARTHER SNI<br>TON ST. SU!   | 78 200  |                                |              | }        |
| STREET ADDRESS  |  |   | STREET ADDRE                         | SS 512 E                  | WASHING                          | 2700 01.00.  |   |                                |              | -        |
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| STREET ADDRESS  |  |   | STREET ADDRE                         | S LB DI                   | ASCO, INC                        |  |   |                                |              |          |
| CITY-ST-ZIP   | ,  |   | CITY-ST-ZIP                          | 359                       | YORK, N                          | 4  |   |                                |              |          |
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| STREET ADDRESS  |  |   | STREET ADDRE                         | ss 🕴 🔻                    | m 100 可引用 1                      | <b>西罗马丁万型</b>  |   | <del>→</del>                   | <del></del>  | #        |
| CITY-ST-ZIP   |  |   | CITY-ST-ZIP                          |                           |                                  | المعلق المسائلة المسا |   | <                              | <u>Fice</u>  |          |
| 11. I hereby o  | certify that the information supplied with   | this filing does not qualify fo                           | r the exemption                      | stated in Se              | ction 119.07(3                   | 3)(i), Florida Statutes. I   | further certify th                                | nat the inf                    | ormation     | 1        |
| limited lia   | on this report is true and accurate and<br>bility company or the receiver or trustee | that my signature shall have<br>empowered to execute this | me same legal e<br>report as require | eriect as if med by Chapt | iade under oa<br>er 608, Florida | ur; that i am a manag<br>a Statutes.   | ing member or i                                   | nanager                        | or tue       |          |
|   |  | _   |                                      |                           |                                  | ,  |   |                                |              | 1        |