

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012492 AT

**DOCUMENT # A01000001136**



FILED

03 APR 25 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

1. Entity Name  
**SD FINANCIAL AND REAL ESTATE VENTURES LIMITED PARTNERSHIP**

Principal Place of Business <b>7390 SARIMENTO PLACE DELRAY BEACH FL 33446</b>	Mailing Address <b>7390 SARIMENTO PLACE DELRAY BEACH FL 33446</b>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

DUE BY MAY 1, 2003

4. FEI Number **65-1134747**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SD FINANCIAL AND REAL ESTATE VENTURES, LLC**  
**7390 SARIMENTO PLACE**  
**DELRAY BEACH FL 33446**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$4,307,500.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	<b>L01000014443</b>
NAME	<b>SD FINANCIAL AND REAL ESTATE VENTURES, LLC</b>
STREET ADDRESS	<b>7390 SARIMENTO PLACE</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL 33446</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>600017097286</b>
CITY-ST-ZIP	<b>04/25/03 01047 025 **520.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE: \_\_\_\_\_**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/03

Date Daytime Phone #

CR2E003 (10/02)

STATE CHECK HERE