2002 UNIFORM BUSINESS REPORT (UBR)

A0000001465 DOCUMENT # FILED 1. Entity Name 02 JAN 16 PM 2: 56 MMG ENTERPRISES OF LONGWOOD, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 536 TALL OAK TERRACE **536 TALL OAK TERRACE** LONGWOOD FL 32750 LONGWOOD FL 32750 3. Mailing Address Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** Applied For City & State City & State 4. FEI Number 59-3674709 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GREGORY, MICHAEL E Street Address (P.O. Box Number is Not Acceptable) 536 TALL OAK TERRACE LONGWOOD FL 32750 City 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. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$1,143,651.20 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. L00000011492 DOCUMENT # STREET ADDRESS MMG GENERAL, LLC NAME 536 TALL OAK TERRACE STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32750 CITY-ST-ZIP DOCUMENT # STREET ADDRESS MARKE 01/22/02 STREET ADDRESS CITY-ST-ZIP ****526.25 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADORESS CITY-ST-7/P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT,# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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:

CHECK HERE

THE AND ADDRESS AN

SIGNATUR

1/10/01

467.330.7564

Daytime Phone #