

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000006425

1. Entity Name
MAGENA LLC

FILED
01 APR -6 PM 4: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6303 BLUE LAGOON DRIVE, SUITE 380
MIAMI FL 33126

Mailing Address
6303 BLUE LAGOON DRIVE, SUITE 380
MIAMI FL 33126



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1021013

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
ANANIA, FRANCIS A ESQ.
100 S.E. SECOND STREET, SUITE 4300
MIAMI FL 33131-2144

Applied For	Not Applicable
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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.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	MICHAEL A GOLDBERG	
STREET ADDRESS	6303 BLUE LAGOON DRIVE, STE 380	
CITY-ST-ZIP	MIAMI, FL 33126	

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	600004009626--9	
CITY-ST-ZIP	-04/16/01--01022--001	
	*****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (11/00)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01, 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 Section 608, Florida Statutes.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____ **305-261-8900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ **Date** _____ **Daytime Phone #** _____

