2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
04-22-2002 90227 010 ****50.00

DOCUMENT # L01000001429

1. Entity Name
MJG INVESTMENTS, L.L.C.

Principal Place of Business	Mailing Address
1827 SUNSET HARBOUR DRIVE MIAMI BEACH FL 33139	1827 SUNSET HARBOUR DRIVE MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		c/o PATCHEN, CANNGER & BRODY, P.A.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 12340 NE 6th COURT	
City & State		City & State NORTH MIAMI, FL	
Zip	Country	Zip 33161	Country USA

4. FEI Number 65-1079997 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KRINZMAN, ALAN E
ROLLNICK & LINDEN
133 SEVILLA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
Alan E. Krinzman
Street Address (P.O. Box Number is Not Acceptable)
2601 S. Bayshore Drive
Suite 1600
City
Miami FL Zip Code 33133

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] 4/10/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Bonasius Holding, LLC c/O Alan E. Krinzman 2601 S. Bayshore Dr., Suite 1600 Miami, Florida 33133	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/01)

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] ALAN E. KRINZMAN 4/10/02 (305) 860-7360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #