## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

L01000017200

**DOCUMENT#** 

1. Entity Name

## FILED May 03, 2002 8:00 am Secretary of State

05-03-2002 90056 017 \*\*\*150.00

MAJESTIC FARMS LLC  DO NOT WRITE IN THIS SPACE							
					951582		
2. Principal Place of Business 200 E BROWN BLVD Suite, Apt. #, etc. 10TH FLOOR		3. Mailing Address  200 E BROWARD BLVD  Suite, Apt. #, etc.  10TH FLOOR		SLAD	DO NOT WRITE IN THIS SPACE		
City & State FT LAUDERDALE FL		City & State  FT LAUDERDALE FL			4. FEI Number		
<sup>Zip</sup> 333	OI USA	Zip 33301	Country	4	Certificate of Status Desired	\$5.00 Additional Fee Required	
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent Name MICHAEL J. MCNERNEY EQ  Street Address (P.O. Box Number is Not Acceptable) 200 E45T LAS OLAS BLVD, STE 1900  City			
8. The above	e named entity submits this statement for signature, typed or printed name of registered agent an	d tide if applicable.	registered office		d agent, or both, in the State of Florid		
9.	MANAGING MEMBER	Ď.	UE BÝ MAY	1	Control of the contro		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER LESLIE STEINGER 3 PELICAN ISLE FT LAUDERDALE		TITLE NAME STREET ADDRESS CITY-ST-ZIP	s		CROFORAR (12/01)	
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I hereby ce indicated c limited liab	ertify that the information supplied with this on this report is true and accelerate and that illity company or the receiver or trustee en	filing does not qualify for the my signature shall have the prowered to execute this rep	e exemption sta same legal effe port as required	ted in Section ect as if made by Chapter 6	119.07(3)(i), Florida Statutes. I furth under oath; that I am a managing n 08, Florida Statutes.	ner certify that the information nember or manager of the	

SIGNATURE: \_\_\_\_\_\_

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #