


# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L02000033215

1. Entity Name  
MICSAR SOUTH HOLDING, LLC



FILED  
03 MAY 29 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>17713 CHARNWOOD DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.	
City & State <b>BOCA RATON, FL</b>		City & State	
Zip <b>33498</b>	Country <b>USA</b>	Zip	Country

4. FEI Number  Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

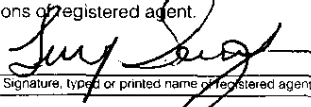
Name **MR. IRVING SARAFAN**

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

**17713 CHARNWOOD DRIVE**

City **BOCA RATON** **FL** Zip Code **33498**

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.

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

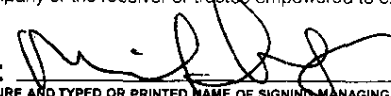
9. MANAGING MEMBERS / MANAGERS

TITLE NAME	Mbrm <b>MR. MICHAEL SARAFAN</b>	TITLE NAME	
STREET ADDRESS	<b>17713 CHARNWOOD DRIVE</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>BOCA RATON, FL 33498</b>	CITY - ST - ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE NAME		TITLE NAME	
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**DO NOT WRITE IN THIS SPACE**

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05/29/03--01076--001 \*\*55.00

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:  DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/02)