

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90757 007 ****50.00

DOCUMENT # L98000000903

1. Entity Name

VON MORGEN, L.C.



Principal Place of Business

Mailing Address

**C/O BAUR WOODBRIDGE REUS & KLEIN, P.A.
100 NORTH BISCAYNE BLVD., SUITE 2100
MIAMI FL 33132**

**C/O BAUR WOODBRIDGE REUS & KLEIN, P.A.
100 NORTH BISCAYNE BLVD., SUITE 2100
MIAMI FL 33132**

2. Principal Place of Business

Baur & Klein, P.A.
Suite, Apt. #, etc.
100 N. Biscayne Blvd. #2100

City & State
Miami, FL

Zip
33132

Country
USA

3. Mailing Address

Baur & Klein, PA
Suite, Apt. #, etc.
100 N. Biscayne Blvd #2100

City & State
Miami, FL

Zip
33132

Country
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0847152**

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAUR, THOMAS ESQ
BAUR WOODBRIDGE REUS & KLEIN, P.A.
NEW WORLD TWR., 21 FL., 100 N BISCAYNE BLV
MIAMI FL 33132-2306**

Name
THOMAS BAUR, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
100 N. Biscayne Blvd. #2100

City
Miami

FL

Zip Code
33132

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELFERING, GERT 1839 W 24TH STREET MIAMI BEACH FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Egner, Fritz 2000 Williams Island Blvd. #28 07 Aventura, FL 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

4/20/03

305/377-3861

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

Date

Daytime Phone #

CR2E083 (10/02)