


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L98000002830**  
 1. Entity Name  
**SEVERE PAINTBALL L.C.**



Principal Place of Business      Mailing Address  
**1301 SAWGRASS CORPORATE PARKWAY**      **1301 SAWGRASS CORPORATE PARKWAY**  
**SUNRISE, FL 33323**      **SUNRISE, FL 33323**

**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number  
**65-0879052**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**GONTOVNIK, MIGUEL**  
**1301 SAWGRASS CORPORATE PARKWAY**  
**SUNRISE, FL 33323**

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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. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHARMINTER, INC. 1301 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POLYFLEX, INC. 1301 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/16/04-80002-011 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Miguel Gontovnik*      01/05/04      954-233-2500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #