


**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

2003 OCT 23 AM 11:25

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # A02000001391
 1. Entity Name
MGE Investments, Ltd



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>9601 Collins Avenue</u> Suite, Apt. #, etc. <u>Apt # 302</u> City & State <u>Bal Harbour FL</u> Zip <u>33154</u> Country <u>USA</u>		3. Mailing Address <u>SAME</u> Suite, Apt. # City & State Zip Country		4. FEI Number <u>51-0434321</u>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				DUE BY MAY 1			

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name <u>Atrium Registered Agents, Inc.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1500 San Remo Avenue, #125</u>		
	City <u>Coral Gables</u>	FL	Zip Code <u>33146</u>

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 ---NA--- DATE

9. Capital Contributions as Shown on record <u>440,000.00</u>	10. Amount of Capital Contributions in FLORIDA to date?	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
---	---	--

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 926.25

12. GENERAL PARTNER INFORMATION		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<u>#L02000027347</u> <u>MGE Management LLC</u> <u>9601 Collins Avenue #302</u> <u>Bal Harbour FL 33154</u>	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

200024021862
10/22/03--01053--015--926.25

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE [Signature] DATE 10/15/03 DEPT'S PHONE # 305-788-1055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

CR2E003B (12/02)