

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

DOCUMENT # <u>A02000001391</u> 1. Entity Name <u>MGE Investments, Ltd</u>	
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FILED
 2003 OCT 23 AM 11:25
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

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>	3. Mailing Address <u>SAME</u> Suite, Apt. # City & State Zip <u>USA</u>	DO NOT WRITE IN THIS SPACE DUE BY MAY 1 4. FEI Number <u>51-0434321</u> Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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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> <u>FL</u> Zip Code <u>33146</u>
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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 ---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
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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 # <u>#L02000027347</u> NAME <u>MGE Management LLC</u> STREET ADDRESS <u>9601 Collins Avenue #302</u> CITY-ST-ZIP <u>Bal Harbour FL 33154</u>			STREET ADDRESS CITY-ST-ZIP
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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 10/15/03 305-788-1055
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DAYTIME PHONE #

STAPLE CHECK HERE

CR2E003B (12/02)