

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

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90084 012 *****55.00

DOCUMENT # L00000000045

1. Entity Name

MW MANAGEMENT, L.L.C.

DO NOT WRITE IN THIS SPACE

929540

2. Principal Place of Business

261 Goolsby Blvd.

Suite, Apt. #, etc.

3. Mailing Address

261 Goolsby Blvd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Deerfield Beach, Florida Deerfield Beach, Fl.

Zip

33442

Country

US

Zip

33442

Country

4. FEI Number

65-0976697

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Utset, Frank A.

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

100 West Cypress Creek Road

Suite 100

City

Ft. Lauderdale

FL

Zip Code

33309

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE Manager
NAME Jamie M. Matt
STREET ADDRESS 79 Maple Lane
CITY-ST-ZIP Boynton Beach, Florida 33436

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

JAMIE M. MATT

2/13/02

Date

954-725-3550

Daytime Phone #