

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90062 012 \*\*\*\*55.00

**DOCUMENT # L00000003346**

1. Entity Name  
**CANOPUS GROUP L.L.C.**

Principal Place of Business

**620 N.W. 35TH STREET  
BOCA RATON FL 33431**

Mailing Address

**620 N.W. 35TH STREET  
BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**APPLIED FOR**  
**65-1062181**

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

**VAUGHAN, AMANDA**  
**222 PHIPPS PLAZA**  
**PALM BEACH FL 33480**  
*620 NW 35th St.  
Boca Raton, FL 33431*

Name

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

City

**FL**

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**GROGAN, LAWRENCE**  
**21707 ABINGTON CR**  
**BOCA RATON FL 33428**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MANAGER**  
**620 NW 35th St.**  
**Boca Raton, FL 33431**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**member**  
**magellan Aircraft Services Corp**  
**620 NW 35th Street**  
**Boca Raton FL 33431**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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:

*Lawrence E. Grogan*

*1/10/02 564-620-550*

CR2E083 (9/01)