

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013863

1. Entity Name
MG REAL ESTATE, L.L.C.



Principal Place of Business
2100 COUNTRY CLUB ROAD
SANFORD, FL 32771

Mailing Address
2100 COUNTRY CLUB ROAD
SANFORD, FL 32771

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

28-6443810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAY, N. DWAYNE JR, ESQ
GREENSPOON, MARDER, HIRSCHFIELD, ET AL
135 W. CENTRAL BLVD., STE. 1100
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

500017622805
04/30/03--01122--015 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME GRAY, N. DWYANE JR.
STREET ADDRESS 135 W. CENTRAL BLVD., STE. 1100
CITY-ST-ZIP ORLANDO, FL 32801

TITLE MGR ☐ Delete
NAME SCHLATER, JOHN
STREET ADDRESS 616 COPELAND MILL ROAD
CITY-ST-ZIP WESTERVILLE, OH 43081

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

Mgr. ☒ Change ☐ Addition
NAME Gray, N. Dwayne Jr.
STREET ADDRESS 135 W. Central Blvd., SUITE 1100
CITY-ST-ZIP Orlando, FL 32801

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
NAME
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: N. Dwayne Gray, Jr. N. Dwayne Gray, Jr., Manager 4/23/03 407-425-6559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)