

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014130

1. Entity Name  
VOYAGE ENTERPRISES, LLC.

Principal Place of Business  
3033 N.E. 32ND AVE.  
FORT LAUDERDALE FL 33308

Mailing Address  
3033 N.E. 32ND AVE.  
FORT LAUDERDALE FL 33308

FILED

01 MAY 16 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3033 N.E. 32ND AVE.  
Suite, Apt. #, etc.

3. Mailing Address

Same  
Suite, Apt. #, etc.

City & State

Fl. Land. Fl.  
Zip 33308

Country  
USA

City & State

Fl.  
Zip

Country

4. FEI Number

330-40-9317

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILE, JOHN  
3033 N. E. 32ND AVE.  
FORT LAUDERDALE FL 33308

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.

SIGNATURE

*John Wile*

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**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM MALEX ENTERPRISES LLC  
STREET ADDRESS 3033 N.E. 32ND AVE  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE NAME MGRM SAPPHIRE PROPERTIES III  
STREET ADDRESS 8411 PRESTON RD, STE 600  
CITY-ST-ZIP DALLAS TX

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

10. ADDITIONS/CHANGES

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

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:

*John Wile*

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

Date

Daytime Phone #

5/1/2001

CR2E083 (11/00)

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