

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90454 026 ****60.00

DOCUMENT # L01000000162

1. Entity Name
MAGNET MANAGEMENT, L.L.C.

Principal Place of Business Mailing Address
C/O LAW OFFICES OF THOMAS D. WRIGHT. CHTD **C/O LAW OFFICES OF THOMAS D. WRIGHT. CHTD**
9711 OVERSEAS HWY., STE. 5 **9711 OVERSEAS HWY., STE. 5**
MARATHON FL 33050 **MARATHON FL 33050**

2. Principal Place of Business 3. Mailing Address
325 Post Road West
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Westport, CT
 Zip Country Zip Country
06880 USA

4. FEI Number **58-2592421** 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
WRIGHT, THOMAS D Name
9711 OVERSEAS HWY., STE. 5 Street Address (P.O. Box Number is Not Acceptable)
MARATHON FL 33050 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]* DATE **5/1/02**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, KELLY M		NAME		
STREET ADDRESS	325 POST ROAD WEST		STREET ADDRESS		
CITY-ST-ZIP	WESTPORT CT 06880		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, JILL S		NAME		
STREET ADDRESS	325 POST ROAD WEST		STREET ADDRESS		
CITY-ST-ZIP	WESTPORT CT 06880		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *[Signature]* **SIGNATURE REQUIRED** **3/1/02 203-227-5151**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #