

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

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90019 045 \*\*\*\*50.00

DOCUMENT # L01000000683  
1. Entity Name  
MAGRU, L.L.C.

**DO NOT WRITE IN THIS SPACE**

80048106

2. Principal Place of Business  
9805 SW 40 Street  
Suite, Apt. #, etc.

3. Mailing Address  
9805 SW 40 Street  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Miami, FL

City & State  
Miami, FL

4. FEI Number  
65-1067952

Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Claudio F. Ruiz

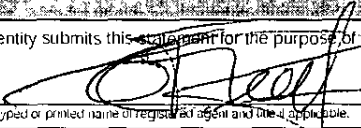
Street Address (P.O. Box Number is Not Acceptable)  
2472 SW 15 Street

City  
Miami

State  
FL

Zip Code  
33145

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  DATE 03/12/2002

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

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

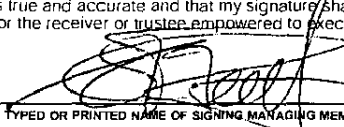
9. MANAGING MEMBERS/MANAGERS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | Manager/President<br>Claudio F. Ruiz<br>2472 SW 15 Street<br>Miami, FL 33145 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | Manager/Secretary<br>Ana M. Schalich<br>2472 SW 15 Street<br>Miami, FL 33145 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

**DO NOT WRITE IN THIS SPACE**

CR2E083B (12/01)

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:  03/12/2002 305-221-5959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #