



**2003 LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

30062873

DOCUMENT # L01000001687		
1. Entry Name <b>CABANA CLEMATIS, LLC</b>		
Principal Place of Business 6035 N.W. 30TH WAY BOCA RATON, FL 33496		Mailing Address 6035 N.W. 30TH WAY BOCA RATON, FL 33496
2. Principal Place of Business <b>118 Clematis Street</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>10535 Rio Hermoso</b> <small>Suite, Apt. #, etc.</small>
City & State <b>West Palm Beach, FL</b>		City & State <b>Delray Beach, FL</b>
AP # <b>33401</b>		4. FEI Number <b>65-1093554</b>
Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>FRECHTER, GLENN</b> 6036 N.W. 30TH WAY BOCA RATON, FL 33496		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
8. The above named entry 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: <i>[Signature]</i> DATE: <b>4/22/03</b> <small>Signature, position, printed name of registered agent and fee to be paid. NOTE: Registered Agents (status required when dissolved)</small>		
		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CABANA MANAGEMENT INC 11420 QUEENS BLVD FOREST HILLS, NY 11375</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 808, Florida Statutes. SIGNATURE: <i>[Signature]</i> DATE: <b>4/22/03</b> <small>Signature and typed or printed name of signing managing member, manager, or authorized representative. Date</small>		

CARFORS (10/02)