2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000021228

1. Entity Name

SIGNATURE:

MAC PALM BEACH, LLC



FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90053 014 ****50.00

SIGNATURE Signature. Typed or printed name of regimened signs and size if applicable. (NOTE Registered Agont signature required when resistating) Part		<u> </u>							
28 MORTH AVE. PAMM BEACH F, 33800 85 RFTH AVE. ERF LOOR NEW YORK NY 10003 2. Principal Place of Business Suite, Apt. 4, stc. Suite, Apt. 4, stc. Check HERR IF MANING CHANNES City & State Country Zip Country Zip Country Zip Country St. Certificate of Status Desired 5. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 120 HAYS STREET TALLAHASSEE FL 32301-2525 City FL Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City City FL Zip Code City City City FL Zip Code City C	Principal Pla	ace of Business	Mailing Address						
Suite, Apt. #, etc. City & State	_		85 FIFTH AVE., 6TH FL	85 FIFTH AVE., 6TH FLOOR			!		
City & State Country Country S. Certificate of Status Desired S. So. O. Additional Fee Required For Required For Required For Required Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip	2. Principal	Place of Business	3. Mailing Address	3. Mailing Address					
City & State City & State City & State City & State Country Zip Country Zip Country S. Contificate of Status Desired S. 5.00 Additional Fee Required CORPORATION SERVICE COMPANY 129 HAYS STREET TALLAHASSEE FL 32301-2525 City Cit	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		-			
Zip Country Zip Country Sip Country 5. Certificate of Slatus Desired \$5.00 Additional resource \$5.00 Additiona	City & State		City & State						
S. Continue and Address of Current Registered Agent	Zin	Country			4. TET Nulliber	13-420020	3		
CORPORATION SERVICE COMPANY 120 HAYS STREET TALLAHASSEE FL 32301-2525 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named critity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. J aim familiar with, and accept the obligations of registered agent and size if applications of registered agent. Sprakes typed of privale have a displaced agent and size if applications. MOTE Reported Agent signature required agent, or both, in the State of Florida. J aim familiar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS \$500.00 Make Check Payable to Filorida Department of State Due By May 1, 2003 P. MANAGING MEMBERS / MANAGERS DUE By May 1, 2003 MANAGING MEMBERS / MANAGERS MILC MORE MOR					5. Certificate of	f Status Desired			
Name		_6Name and Address of	Current Registered Agent:	and the second s	>7 Name and /	Address of New Re	egistered /		
Street Address (P.O. Box Number is Not Acceptable)	CO	RPORATION SERVICE COM	MPANY	Name					
B. The above named onlify submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Froida. I am familiar with, and accept the obligations of registered agent. City	120	HAYS STREET		Street Addres		is Not Acceptable))	.	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Common	IAL	LAHASSEE FL 32301-2525	5	-		<u>. </u>	<u> </u>	***	
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				City		-	<u>.</u>	Zip Co	de
SIGNATURE Signature, typed or printed name of registered agent and life if applicable. (NOTE, Registered Agent signature required when resistating) DATE	B. The above	named entity submits this star	tement for the nursose of changing	its registered office or see	internal according		<u> </u>		
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