

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2003 8:00 am
Secretary of State

04-29-2003 90030 020 ****50.00

DOCUMENT # L02000006849					
1. Entity Name MAGNUS UNITAS FAMILY LLC					
Principal Place of Business 3731 NW 9TH AVENUE SUITE 4 POMPAHO BEACH FL 33065 US			Mailing Address 7658 NEWPORT TERRACE BOCA RATON FL 33433 US		
2. Principal Place of Business 3731 NW 9th Ave			3. Mailing Address 3731 NW 9th Ave		
Suite, Apt. #, etc. Suite # 4			Suite, Apt. #, etc. Suite # 4		
City & State Pompano Beach			City & State Pompano Beach		
Zip FL 33064		Country USA		4. FEI Number 81-0557339	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent GIRNUM, ALLEN J 7658 NEWPORT TERRACE BOCA RATON FL 33433			7. Name and Address of New Registered Agent Name: <u>Girnum, Allen J</u> Street Address (P.O. Box Number, if Not Applicable): <u>3731 NW 9th Avenue</u> Suite # <u>4</u> City: <u>Pompano Beach</u> FL <u>33064</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:					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIRNUM, ALLEN J 7658 NEWPORT TERRACE BOCA RATON FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIRNUM, SHIRLEY L 7658 NEWPORT TERRACE BOCA RATON FL 33433	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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)(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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: 02/05/03					

CR2E083 (10/02)