

FILED  
Jun 19, 2003 8:00 am  
Secretary of State

05-05-2003 91433 048 \*\*\*\*50.00

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

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| <b>DOCUMENT # L02000011337</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |                                                        |                                                                   |
| 1. Entry Name<br><b>MM-F, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                                                                                                                                         |                                                                   |
| Principal Place of Business<br><b>8355 S.W. 131 STREET<br/>PINECREST FL 33156</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         | Mailing Address<br><b>8355 S.W. 131 STREET<br/>PINECREST FL 33156</b>                                                                   |                                                                   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                         | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                               |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         | City & State                                                                                                                            |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                                 | Zip                                                                                                                                     | Country                                                           |
| 4. FEI Number<br><b>270016101</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         | Applied For<br>Not Applicable                                                                                                           |                                                                   |
| 5. Certificate of Status Desired                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         | <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                 |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>RANGEL, ALEXANDRE R<br/>2601 S. BAYSHORE DRIVE STE. 1800<br/>MIAMI FL 33133</b>                                                                                                                                                                                                                                                                                                                                                                         |                                                                         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                 |                                                                         |                                                                                                                                         |                                                                   |
| SIGNATURE<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE                                                                                                                                                                                                                                                                                                                                                  |                                                                         |                                                                                                                                         |                                                                   |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2003</b>                                                                                                                                                                                                                                                                                                                                                                                    |                                                                         |                                                                                                                                         |                                                                   |
| B. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         | 10. ADDITIONS/CHANGES                                                                                                                   |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>OWNER RGM<br/>MARCO FELICI<br/>8355 SW 131 ST<br/>33156 MIAMI FL</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                         | TITLE<br>NAME<br>STREET ADDRESS<br>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: <b>MANOUELA REZAR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         | Date: <b>April 30, 2003</b>                                                                                                             |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                         | Date Daytime Phone #                                                                                                                    |                                                                   |