2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBA)

APPROVIDE

9/22/2003-90104-030-\$50.00-\$50.00 FIRED

1. Entity Name MAGNUM FULFILLMENT AND LOGISTI	•				03 OCT 16 SEGRETAR REL'AHASS		
Principal Place of Business 150 NORTH UNIVERSITY DRIVE SUITE 200 PLANTATION FL 35324	Mailing Address 150 NORTH UNIVERSITY DR SUITE 200 PLANTATION FL 33324	RIVE	1 140.01	•	· · · · · · · · · · · · · · · · · · ·		· Egyldy •
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, occ.	ml		CHECK HERE	IF MAKING CHA		
City & State	City & State	·- <u></u>	4. FEI Num	- 22893	. 27		oplied For of Applicable
Zio 33313 Brown	Zip	Country		te of Status Desired	· □ \$5.0	00 Add Required	litional
6. Name and Address of Current	Registered Agent	Name	7. Name ar	nd Address of New F	Registered Agent	17.	
BREIT, RICHARD H 150 NORTH UNIVERSITY DRIVE SUITE 200			Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324		000					
The above named entity submits this statement for the purpose of cha		City			FL	Zip Code	<u> , , , , , , , , , , , , , , , , , , ,</u>
the obligations of registered agent. SIGNATURE: Signature: typed or printed name of registered agent.	and title if applicable. (NOTE	E: Registéred Agent signatu	re required when reinstating)		DATE	_	
SIGNATURE: Signature: typed or printed name of registered agent.	FILE NO Make Check Payabl Due By	OW!!! FEE IS \$5 le to Florida Dep September 24,	50.00 eartment of State			· · · · · ·	
SIGNATURE: Signature: typed or printed name of registered agent.	FILE NO Make Check Payabl Due By	OW!!! FEE IS \$! le to Florida Dep	So.00 Partment of State 2003 Userny Van D 1400 NU 65		/CHANGES	Change	Addition
SIGNATURE Signature: typed or privated name of registered agents MANAGING MEMBE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	FILE NO Make Check Payabl Due By RS/MANAGERS	DW!!! FEE IS \$: le to Florida Dep September 24, : 10. IITLE NAME STREET ADDRESS	50.00 artment of State 2003	weldurp Aus	/CHANGES □ (Change Change	Addition Addition
SIGNATURE Signature, typed or privated name of registered agents. 9. MANAGING MEMBE TITLE NAME STREET ADDRESS CITY-ST-ZIP	FILE NO Make Check Payabl Due By	DW!!! FEE IS \$3 to to Florida Dep September 24, 12 10. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	So.00 Partment of State 2003 Userny Van D 1400 NU 65	weldurp Aus	CHANGES		
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954-660-5656

law offices

BREITGROSSMAN

a partnership of professional associations

150 North University Drive Ste 200 Plantation, FL 33324-2008 Telephone 954.452.1144 Facsimile 954.452.3311

E-mail RBreit@BreitGrossman.com

October 13, 2003

Division of Corporations PO Box 6478 Tallahassee FL 32314-6478

Re: Magnum Fulfillment and Logistics, LLC

Dear Sir or Madam:

We are returning the Limited Liability Company Uniform Business Report for the above named company with the employer identification number included in box 4 as you requested. As this has been accomplished within the 30 day window, please file the report. If you need any additional information, please do not hesitate to contact me.

Sincerely:

Richard H. Breit.

For the Firm

RHB/em

enclosure

cc: Larry Van Dusseldorp