


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90001 045 ****50.00

DOCUMENT # L02000021046

1. Entity Name
MUGNANO REAL ESTATE, LLC



Principal Place of Business Mailing Address

**629 E. HILLSBORO BLVD.
DEERFIELD BEACH FL 33441** **629 E. HILLSBORO BLVD.
DEERFIELD BEACH FL 33441**

2. Principal Place of Business 3. Mailing Address

5725 NW 65 TERRACE **5725 NW 65 TERRACE**


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

PARKLAND, FL **PARKLAND FL.**

Zip Country Zip Country

33067 **FLORIDA** **33067** **FLORIDA**



CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For

16-1624405 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**RAYMOND, JOHN J JR.
1200 N. FEDERAL HIGHWAY SUITE 420
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	MUGNANO, GENARO	629 E. HILLSBORO BLVD.	DEERFIELD BEACH FL 33441	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		5725 NW 65 TERRACE	PARKLAND, FL 33067	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Gennaro Mugnano* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-1-03 **954-755-7979**
Date Daytime Phone #

CR2E083 (10/02)