

02000027347

ATX1

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # LO2000027347

1. Entity Name

MGE MANAGEMENT, LLC

DO NOT WRITE IN THIS SPACE

FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

9601 COLLINS AVENUE

Suite, Apt. #, etc

SUITE #302

City & State

BAL HARBOUR, FL

Zip

33154

Country

U.S.A.

3. Mailing Address

9601 COLLINS AVENUE

Suite, Apt. #, etc.

SUITE #302

City & State

BAL HARBOUR, FL

Zip

33154

Country

U.S.A.

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4. FEI Number

51-0434318

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ATRIUM REGISTERED AGENTS, INC.

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

1500 SAN REMO AVENUE

SUITE #125

City

CORAL GABLES

FL

Zip Code

33146

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PRESIDENT
MARGARET GIVENTER
9601 COLLINS AVENUE, SUITE #302
BAL HARBOUR, FL 33154**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**900023972239
10/21/03--01079--008 **50.00**

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/17/03

305-788-1055

Date Daytime Phone #

CR2E083B (12/02)