
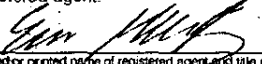
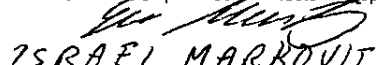


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90087 048 *****50.00

DOCUMENT # L02000032837			
1. Entity Name M. I. INVESTMENTS LLC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 931 VILLAGE BLVD		3. Mailing Address 931 VILLAGE BLVD	
Suite, Apt. #, etc. #905-434		Suite, Apt. #, etc. #905-434	
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL	
Zip 33409	Country U.S.A	Zip 33409	Country U.S.A
4. FEI Number 16-1645673		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name ISRAEL MARKOVITZ			
Street Address (P.O. Box Number is Not Acceptable) 931 VILLAGE BLVD #905-434			
City WEST PALM BEACH FL Zip Code 33409			
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 4/28/03	
Signature, typed or printed name of registered agent and title if applicable.			
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1			
9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ISRAEL MARKOVITZ 931 VILLAGE BLVD #905-434 WEST PALM BEACH, FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DO NOT WRITE IN THIS SPACE			
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: 		DATE 4/28/03	Daytime Phone # 905-3692288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

CR2E083B (12/02)

Attachment
L02000032837

10104127

GULF OF MEXICO ENTERPRISES INC.

5/9/03

DEVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FL 32314

DEAR OFFICER:

MY ASSISTANT MAILED THE FOLLOWING U.B.R 10 DAYS AGO BUT
IT WAS SENT TO THE WRONG ADDRESS.

PLEASE FIND U.B.R. FOR DOC. #P99000007653 AND, #L0200003283

I WILL APPRICIATE IF YOU WILL ACCEPT THESE AS FILED ON TIME.

SINCERELY,

I. MARKOVITZ

