LIMITED LIABILITY COMPANY

FILED Mar 31, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # L02000033920 1. Entity Name 03-31-2003 90809 021 ****50.00 MAVCA HOLDINGS LLC DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 44のりい 67 stret 3. Mailing Address リイク ルルゆフ が・ Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 203 4. FEI Number 71 - 09 19 00 4 City & State City & State Applied For Bora Raton BooaRatur Not Applicable 334<u>87</u> USA Country \$5.00 Additional 5. Certificate of Status Desired 33487 Ú3A Fee Required 7. Name and Address of Current Registered Agent 1/ictor DO NOT WRITE 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. FEE IS \$50.00 -Make Check Payable to Florida Department of State DUE BY MAY 1 9. MANAGING MEMBERS/MANAGERS victor Goldstei NAME NAME 440 NW 6784. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-Zip TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIF TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME