

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0009278 AF

DOCUMENT # **L97000000311**
 1. Entity Name
MANAVE L.C.

00 APR 18 AM 10:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 2106 BISPHAM ROAD SUITE B SARASOTA FL 34231	Mailing Address 2106 BISPHAM ROAD SUITE B SARASOTA FL 34231-5518
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

mnm DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0733252** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

PATTERSON, JOHN
46 NORTH WASHINGTON BLVD
SUITE 1
SARASOTA FL 34236

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM 891157 ONTARIO INC. 253 ROBINA ROAD ANCASTER, ONTARIO L9G 2L6 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BALSALM L. CORPORATION 95 ST CLAIR AVE W, #1605 TORONTO, ONTARIO M4V 1N6 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM RAWEC HOLDINGS LIMITED 5500 DIXIE ROAD, BOX E MISSISSUAGO, ONTARIO L4W 4N3 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM SANVIN, INC. 46 N WAHINGTON BLVD SARASOTA FL 34236 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM SACKVILLE HOLDINGS, INC. ONE FIRST CANADIAN PLACE, #5600 TORONTO, ONTARIO M5X 1E5 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM 994362 ONTARIO LIMITED 60 LAURENTIDE DRIVE DON MILLS, ONTARIO M3A 3C9 <input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700003238947 -05/04/00--01010--006 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* SIGNATURE: *[Signature]* Date: *April 14/00* 941-924-8786

CR2E083 (9/99)