

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 21 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000001344

1. Entity Name
MAGNA CLUB L.C.

Principal Place of Business: 11930 BAYSHORE DRIVE, #304 NORTH MIAMI FL 33181
Mailing Address: 11930 BAYSHORE DRIVE, #304 NORTH MIAMI FL 33181-2930



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

4. FEI Number **65-0810247** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LACEY, BERNARD ARTHUR
11930 BAYSHORE DRIVE, #304
NORTH MIAMI FL 33181

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

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	MGRM LACEY, BERNARD ARTHUR 11930 BAYSHORE DRIVE, #304 NORTH MIAMI FL 33181	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	MGRM KIDO, JANICE E 7505 DAVENPORT LANE OCEAN SPRINGS MS 39564	<input type="checkbox"/> Change <input type="checkbox"/> Addition	000003242880--7 --05/08/00--01109--004
<input type="checkbox"/> Delete	MGRM ANELLO, PATRICIA 300 HAYWARD AVE FLEETWOOD NY 10552	<input type="checkbox"/> Change <input type="checkbox"/> Addition	*****50.00 *****50.00
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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: *Bernard A Lacey* **BERNARD A LACEY** 4-17-2000 305-757-5575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)