File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 10 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE $ 188.75 | **Annual Report $100.00 + $88.75 Corporation Supplemental Fee** | **Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L98000000486

MAVI MANAGEMENT, L.L.C.
~~2584 NW 64TH BOULEVARD~~
~~BOCA RATON FL 33431~~

1a. Principal Place of Business Address
2584 NW 64TH BOULEVARD
BOCA RATON FL 33431

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
2790 North Federal Highway	Same as place of business	04/20/1998	FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	☐ Applied For
City & State: Boca Raton, FL 33431	City & State	65-0828623	☐ Not Applicable
Zip: 33431 / Country: USA	Zip / Country	5. Date of Last Report	6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
FOGEL, MITCHELL C 2499 GLADES ROAD, SUITE 105 BOCA RATON FL 33431	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City: FL / Zip Code

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****188.75 ****188.75

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required When Changing Agent)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MARKOWICZ, VICTOR	2584 NW 64TH BOULEVARD	BOCA RATON FL

SL 3-17-99

I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Victor Markowicz VICTOR MARKOWICZ 2/23/99 (561) 750-2229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

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