


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90129 048 ****50.00

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DOCUMENT # L98000002400	
1. Entity Name M.G. HOMES, L.C.	

Principal Place of Business 1920 E HALLANDALE BEACH BLVD STE 708 HALLANDALE FL 33009	Mailing Address 1920 E HALLANDALE BEACH BLVD STE 708 HALLANDALE FL 33009
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0875743	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BEDZOW, MICHAEL ESQ. 20803 BISCAYNE BOULEVARD, SUITE 200 AVENTURA FL 33180	
7. Name and Address of New Registered Agent Name Moises Gorin Street Address (P.O. Box Number is Not Acceptable) 1920 E. HALLANDALE BEACH - Suite #708 City HALLANDALE FL Zip Code 33009	

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 *Moises Gorin* (NOTE: Registered Agent signature required when reinstating) DATE 4/16/03

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GORIN, MOISES 1920 E HALLANDALE BEACH BLVD STE 708 HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GORIN, ANA 1920 E HALLANDALE BEACH BLVD STE 708 HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <u><i>Moises Gorin</i></u>	SIGNATURE REQUIRED	DATE: <u>4/21/03</u>	DAYTIME PHONE: <u>954-454-7868</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

CR2E083 (10/02)