

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR -5 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA




DO NOT WRITE IN THIS SPACE

DOCUMENT # **L99000005862**

1. Entity Name
MAGNEPIX L.L.C.

Principal Place of Business
**3280 MATILDA STREET
COCONUT GROVE FL 33133**

Mailing Address
**3280 MATILDA STREET
COCONUT GROVE FL 33133-5136**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0848870

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DARROW, KENNETH F
9350 SOUTH DIXIE HWY, STE 1550
MIAMI FL 33156**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE Delete
NAME **MGR DUKE, MARC**
STREET ADDRESS **3280 MATILDA ST**
CITY- ST- ZIP **MIAMI FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY- ST- ZIP **200003217422-7**

TITLE Delete
NAME **MGRM DUKE, LINDA**
STREET ADDRESS **3280 MATILDA ST**
CITY- ST- ZIP **MIAMI FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY- ST- ZIP **-04/20/00--01404 001**
*******50.00 *****50.00**

TITLE Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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 REQUIRED (LINDA DUKE)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date **4/3/00** Daytime Phone # **305-461-0947**

CR2E083 (9/99)