2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90226 023 ****55.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000007037

1. Entity Name
FS MANAGER'S ASSETS LLC

Principal Place of Business	Mailing Address
5800 N.W. 74TH AVENUE MIAMI FL 33166	5800 N.W. 74TH AVENUE MIAMI FL 33166

2. Principal Place of Business		3. Mailing Address	
~~[illegible]~~			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1111887 ☐ 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
BARED, JOSE P 5800 N.W. 74TH AVENUE MIAMI FL 33166	Name ~~Juan Diaz, Esq.~~ Street Address (P.O. Box Number is Not Acceptable) ~~[illegible] NW 82nd Street, Second Floor~~ City ~~Miami~~ FL Zip Code ~~33166~~

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 ~~Juan Diaz Esq.~~
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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAZING RESOURCES, LLP 5800 NW 74TH AVE. MIAMI FL 33166	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM The Bared and Company Inc. P.O. Box 526642 Miami, FL 33166	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 REQUIRED 4/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)