## 2003 LIMITED LIABULTY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L99000007658

1. Entity Name

SIGNATURE:



## **FILED** Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90050 024 \*\*\*\*50.00

Daytime Phone #

MGV-KEI 	RR, LLC						
Principal Place of Business 12 NE 188TH STREET NORTH MIAMI FL 33179		Mailing Address 12 NE 188TH STREET NORTH MIAMI FL 33179	12 NE 188TH STREET				
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		I BUILT BUILT BUILT BUILT BUILT ERE IF MAKING CHANG		
City & State		City & State		4. FEI Number 65-096		Applied For	
Zip Country		Zip	Country	5. Certificate of Status Desir	red S5.00 Fee Requ	Not Applicable Additional	
<del></del>	6. Name and Address of Curr	ent Registered Agent		7. Name and Address of N			
_ MAI	K, GEORGE	لايان الرياة الرواد والسمور	Name				
12	NE 188TH STREET RTH MIAMI FL 33179		Street Address (		(P.O. Box Number is Not Acceptable)		
			City		FL Zip C	ode	
8. The above the obliga	e named entity submits this statemen tions of registered agent.	t for the purpose of changing it	s registered office or regis	stered agent, or both, in the State of	f Florida. I am familiar wit	th, and accept	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	TE: Registered Agent signature requ	tired when reinstation)			
<u>-</u>		FILE N	OW!!! FEE IS \$50.0	0	DATE	-	
		Make Check Payab Du	ole to Florida Departm ie By May 1, 2003	nent of State			
9.		BERS/MANAGERS	10.	ADDITIO	NS/CHANGES		
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NAME STREET ADDRESS	MGV-KERR INC 12 NE 188TH STREET		NAME		☐ Guange	Addition \	
CITY-ST-ZIP	NORTH MIAMI FL 33179		STREET ADDRESS			}	
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1. I hereby ce	rtify that the information according	La Alexa delle	CITY-ST-ZIP			1	
indicated o	ortify that the information supplied with in this report is true and accurate and illity company or the receiver or truste	that my signature shall have the empowered to execute this re	tne exemption stated in Se ne same legal effect as if r aport as required by Chap	ection 119.07(3)(i), Florida Statutes made under oath; that I am a man: iter 608, Florida Statutes.	i. I further certify that the in aging member or manage	nformation er of the	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE