2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007670

1. Entity Name

MGM FINANCIAL HOLDINGS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Principal Place of Business	Mailing Address	00 FEB 14 PH 2:23
409 W. HALLANDALE BEACH BLVD., SUITE 201	409 W. HALLANDALE BEACH BLVD., SUITE 201	
HALLANDALE BEACH FL 33009	HALLANDALE BEACH FL 33009-5301	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2. Principal Place of Business	**3.** Mailing Address	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number 65-0961662 — Applied For / Not Applicable
Zip / Country	Zip / Country	**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**
RIVERA, JORGE 409 W. HALLANDALE BEACH BLVD., SUITE 201 HALLANDALE BEACH FL 33009	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 MGR **NAME** RIVERA, JORGE **STREET ADDRESS** 409 W. HALLANDALE BEACH BLVD., SUITE 201 **CITY-ST-ZIP** HALLANDALE BEACH FL 33009 ☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP** Greg Goldston (mgr) ☑ Change ☐ Addition 409 W. Hallandale Bch #201 Hellandale FL 33009
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 500003148735---3 --02/28/00--01016--004
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP** ☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP** *****50.00 *****50.00 ☐ 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

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.

954-454-2468

SIGNATURE: _____SIGNATURE REQUIRED_____   2-10-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #