2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003
Secretary of State

DOCUMENT# M98000000021

Entity Name: MAUKA-MED I, L.C.

Current Principal Place of Business:

3021 AMERICAN SADDLER DRIVE
PARK CITY, UT 84060

New Principal Place of Business:

Current Mailing Address:

3021 AMERICAN SADDLER DRIVE
PARK CITY, UT 84060

New Mailing Address:

FEI Number: 87-0502908 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORMAN, ROBERT S ESQ.
2101 WEST COMMERCIAL BLVD., SUITE 4100
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: SCHIFFERLI, ERIC D
Address: 3021 AMERICAN SADDLER DRIVE
City-St-Zip: PARK CITY, UT 84060

Title: MGRM ( ) Delete
Name: SCHIFFERLI, JILL C
Address: 3021 AMERICAN SADDLER DRIVE
City-St-Zip: PARK CITY, UT 84060

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JILL C. SCHIFFERLI MGRM 01/09/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date