

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000339

1. Entity Name  
SOUTHLAND MAGEE, L.L.C.

FILED

00 JAN 18 PM 4:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
C/O RDS MANAGEMENT  
4610 UNIVERSITY AVENUE, SUITE 1050  
MADISON WI 53705

Mailing Address  
C/O RDS MANAGEMENT  
4610 UNIVERSITY AVENUE, SUITE 1050  
MADISON WI 53705-2164



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 39-1926577		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY - ST - ZIP	MGR MAGEE, ROBERT 4610 UNIVERSITY AVENUE, SUITE 1050 MADISON WI 53705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Delete 600003115056--2 -01/28/00--01092--011 *****50.00 *****50.00
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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: ROBERT C MAGEE JAN 7, 2000 (608) 238-2450

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