

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # M98000001038**

1. Entity Name  
**MARGARITAVILLE HOLDINGS LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 21 AM 11:02



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
256 WORTH AVENUE STE 0  
PALM BEACH FL 33480

Mailing Address  
256 WORTH AVENUE STE 0  
PALM BEACH FL 33480

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number **58-2339130**  
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

**NRAI SERVICES, INC.**  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301

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/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	MGR BUFFETT, JIMMY 1880 CENTURY PARK EAST, #1600 LOS ANGELES CA 90067	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	MGR KAUFMAN, HOWARD 9200 SUNSET BLVD., STE 1000 LOS ANGELES CA 90069	<input type="checkbox"/> Change <input type="checkbox"/> Addition	600003408446--1 -09/28/00--01091--010 *****50.00 *****50.00
<input type="checkbox"/> Delete	MGR RENNERT, IRWIN 1880 CENTURY PARK EAST, #1600 LOS ANGELES CA 90067	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	MGR KATZ, JOEL A 3423 PIEDMONT ROAD, #200 ATLANTA GA 30305	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	MGR COHLAN, JOHN 256 WORTH AVE., STE Q-R PALM BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *John Cohlman* **REQUIRED** 9/18/00 404-240-1113  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (5/00)