

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90016 026 ****50.00

DOCUMENT # M98000001038

1. Entity Name

MARGARITAVILLE HOLDINGS LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

256 Worth Avenue

Suite, Apt. #, etc.

Suite Q

3. Mailing Address

Same as question #2

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm Beach, Florida

City & State

4. FEI Number

58-2339130

Applied For

Not Applicable

Zip

33480

Country

USA

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

~~526 E. Park Avenue~~

City

Tallahassee

FL

Zip Code

32301

**DO NOT WRITE
IN THIS SPACE**

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.

DATE _____

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Jimmy Buffett 1880 Century Park East, #1600 Los Angeles, CA 90067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Howard Kaufman <i>STE 530</i> 9200 Sunset Blvd., <i>L.A.</i> , CA 90069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Irwin Rennert 1880 Century Park East, #1600 Los Angeles, CA 90067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Joel Katz <i>3290 NORTHSIDE PARKWAY, STE 400</i> Atlanta, Georgia 30327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO John Cohan 256 Worth Avenue, Suite Q Palm Beach, Florida 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 

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

3/7/02

Date

Daytime Phone #

CR2E083B (12/01)