

2001 UNIFORM BUSINESS REPORT (UBR)

0025387 AF

DOCUMENT # L00000012224

1. Entity Name
3900 GROUP L.L.C.

Principal Place of Business: 1460 56TH SQUARE WEST, C/O ALAN R. SCHOMMER, VERO BEACH FL 32966

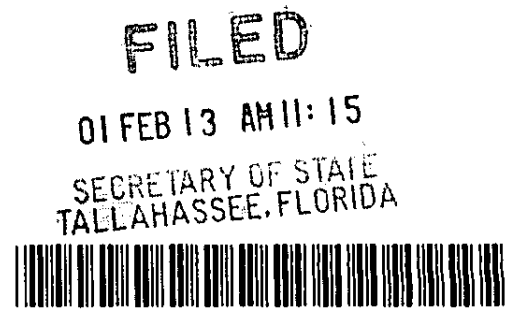
Mailing Address: 1460 56TH SQUARE WEST, C/O ALAN R. SCHOMMER, VERO BEACH FL 32966

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

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

City & State: City & State

Zip: Country



DO NOT WRITE IN THIS SPACE

4. FEI Number: Applied For / Not Applicable

5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent:
LEONARD, LAWRENCE Y
817 BEACHLAND BLVD.
VERO BEACH FL 32963

7. Name and Address of New Registered Agent:
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ State: **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: MGR & PRESIDENT	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SCHOMMER, ALAN R		NAME: _____	
STREET ADDRESS: 1460 56TH SQUARE WEST		STREET ADDRESS: _____	
CITY-ST-ZIP: VERO BEACH FL 32966		CITY-ST-ZIP: _____	
TITLE: Vice President	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MIKE ROSE		NAME: _____	
STREET ADDRESS: 415 18th Court		STREET ADDRESS: _____	
CITY-ST-ZIP: VERO BEACH, FL. 32962		CITY-ST-ZIP: _____	
TITLE: Treasurer	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Victoria M. Schommer		NAME: _____	
STREET ADDRESS: 1460 56th Sq. West		STREET ADDRESS: _____	
CITY-ST-ZIP: VERO BEACH, FL. 32966		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	

CR2E083 (11/00)

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]* SIGNATURE REQUIRED **2/5/01**

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