

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90087 032 \*\*\*\*50.00

**DOCUMENT # L01000008213**

1. Entity Name

**3965 INVESTMENT LANE A-9 LLC**

Principal Place of Business

**3965 INVESTMENT LANE  
 UNIT A-9  
 WEST PALM BEACH FL 33404**

Mailing Address

**3965 INVESTMENT LANE  
 UNIT A-9  
 WEST PALM BEACH FL 33404**

2. Principal Place of Business

**3965 INVESTMENT LANE**

Suite, Apt. #, etc.

**UNIT A-9**

City & State

**RIVIERA BEACH, FL**

Zip  
**33404**

Country  
**U.S.A.**

3. Mailing Address

**3965 INVESTMENT LANE**

Suite, Apt. #, etc.

**UNIT A-9**

City & State

**RIVIERA BEACH, FL**

Zip  
**33404**

Country  
**U.S.A.**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-1109353**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BURGER, ALAN M ESQ.  
 8603 SOUTH DIXIE HIGHWAY SUITE 303  
 MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name

**GANTHER, HOWARD B.**

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

**5200 N. OCEAN DR. APT. 20B**

**SINGER ISLAND**

City

**RIVIERA BEACH**

FL

Zip Code

**33404**

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]*

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  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
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TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☒ Addition  
**MGRM  
 GANTHER, HOWARD B. MGR  
 5200 N. OCEAN DR. APT. 20B  
 SINGER ISLAND  
 RIVIERA BEACH, FL 33404**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☒ Addition  
**MGRM  
 GANTHER, ANGELA C. MGR.  
 5200 N. OCEAN DR. APT. 20B  
 SINGER ISLAND  
 RIVIERA BEACH, FL 33404**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ 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:

*[Signature]*

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

Date

Daytime Phone #

CR2E083 (9/01)