

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

01 MAY -3 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000007692

1. Entity Name

GROOVENICS, LLC

Principal Place of Business

% MARK HARRIS
5030 CHAMPION BOULEVARD, #G-6, PMB #135
BOCA RATON FL 33496

Mailing Address

% MARK HARRIS
5030 CHAMPION BOULEVARD, #G-6, PMB #135
BOCA RATON FL 33496

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

22-3739485

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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

000004323650--4
-05/25/01--01073--005
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE	MANAGING MEMBER	<input type="checkbox"/> Delete
NAME	Pete Carmichael	
STREET ADDRESS	3550 Edgar Ave	
CITY-ST-ZIP	Boynton Beach FL 33436	
TITLE	member	<input type="checkbox"/> Delete
NAME	JAMES AUSTIN	
STREET ADDRESS	137 COCONUT RD	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	member	<input type="checkbox"/> Delete
NAME	CARL Bernholtz	
STREET ADDRESS	1521 NW 9TH ST	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	member	<input type="checkbox"/> Delete
NAME	Michael McFarland	
STREET ADDRESS	11 AFTON PL	
CITY-ST-ZIP	LANTANA FL 33426	
TITLE	member	<input type="checkbox"/> Delete
NAME	Josh Mullenix	
STREET ADDRESS	3213 SCANLAN AV	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	DELETING member	<input checked="" type="checkbox"/> Delete
NAME	MATT SWIG	
STREET ADDRESS	40 5030 Champion Blvd G-6	
CITY-ST-ZIP	BOCA RATON FL 33496	

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: X

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

PETE CARMICHAEL 3/22/01 561-552-2802

Date

Daytime Phone #

CR2E083 (11/00)