

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015141

1. Entity Name

ACADEMIC RESOURCE GROUP, LLC

Principal Place of Business

1000 Brickell Ave.
Suite 900
miami, FL 33131

Mailing Address

1000 Brickell Ave.
#900
miami, FL 33131

2. Principal Place of Business

1000 Brickell Ave.

Suite, Apt. #, etc.

920

3. Mailing Address

1000 Brickell Ave.

Suite, Apt. #, etc.

920

City & State

MIAMI, FL

33131

USA

City & State

MIAMI, FL

33131

Country

USA

4. FEI Number

65-1091053

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Stephen L. Perrone
1000 Brickell Avenue
Suite 920
miami, FL 33131

Name

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

City

FL Zip Code

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.

(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
NAME
STREET ADDRESS
CITY-ST-ZIP

MANAGING MEMBER
STEPHEN L. PERRONE
1000 BRICKELL AVE. - SUITE 920
MIAMI FL 33131

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

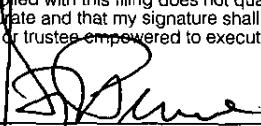
Delete

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

APPROVED
AND
FILED

01 APR 27 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E083 (11/00)

4/20/01 305-702-5503

Date

Daytime Phone #