2001 UNIFORM BUSINESS REPORT (UBR)						APPKUVE AND				
DOCUMENT # L9900001687					FILEO					
GRASSROOTS INVESTMENT GROUP LLC						01 SEP 26 PM 3:49				
						SECRETA	3Y 0F	STATE		
Principal Place of Business		Mailing Address			TALLAHASSEE, FLORIDA					
P.O. BOX 7636 TALLAHASSEE FL 32314		P.O. BOX 7636 Tallahassee FL 32314								
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2. Principal Place of Business 3		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE I	N THIS SE	PACE		
City & State		City & State			4. FEI Numl	59-3565008			plied For]
Zíp	Country	Zip	Zip Count		5. Certificat	e of Status Desired		5.00 Add	litional	
	6. Name and Address of Curren	<u> </u>	N	7. Name an	d Address of New Regi	stered A	jent		1	
но	OLDEN, WENDELL LEE JR.	graphic control of the control of th	• **	Name	(P.O. Box Number is Not Acceptable)				-	
436	69 BIG PINE DRIVE LLAHASSEE FL 32310			Sireet Address	(P.O. BOX NUM	Del Is Not Acceptable)				-
l IA	LLANASSEE PL 32310			0				T 7:- 01		
			<u>-</u>	City			FL	Zip Code		
8. The above	named entity submits this statement f	for the purpose of changing its	register	ed office or registe	red agent, or b	oth, in the State of Florida	a.			
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if contingable (NOT	E: Pocieters	ed Agent signature require	d when reinetating)		DATE			1
	Signature, types or printed fiame or registered agen			FEE IS \$50.00	o when foliateding)		57112			
		Make Check Pa	yable 1	to Department o	of State					
				mber 26, 2001		400/T/01/04/04	111050			
9. TITLE	MANAGING MEMB	BERS/MANAGERS Delete	10.			ADDITIONS/CH		Change	Addition	₽
NAME	TATEM, PHILLIPE	L Delete	NAM	AE .				change		CR2E083 (5/01)
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 7636			EET ADDRESS /-ST-ZIP						88
TITLE	TALLAHASSEE FL 32314 SP	☐ Delete	TITL					Change	Addition	뜅
NAME	WILLIAMS, RYAN		NAA	. 49 · · · · · · · · · · · · · · · · · ·		70000040	314	437	7	'] .
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 7636			EET ADDRESS	-	-09/27/ *****	/010	1095-	-001 *50.00	
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NAME .	- FRAZIER, CHARLES	□ Delete	, NAA	l l		· · · · · · · · · · · · · · · · · · ·	·		Addition	
STREET ADDRESS	P.O. BOX 7636			EET ADDRESS						
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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:

9/26/2001 850 656 1492

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

Daytime Phone *

STREET ADDRESS CITY-ST-ZIP

STAPLE CHECK HERE

NAME STREET ADDRESS

CITY-ST-ZIP

850 656 1492 Daytime Phone #

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