

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90275 030 ****50.00

DOCUMENT # M99000001258

1. Entity Name
ENCOMPASS GROUP, L.L.C.

Principal Place of Business 615 MACON ROAD MCDONOUGH GA 30253	Mailing Address 615 MACON ROAD MCDONOUGH GA 30253
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **58-2471437**

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

Applied For
 Not Applicable



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~CORPORATION SERVICE COMPANY~~
**1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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

DEPARTMENT OF STATE
SECRETARY OF STATE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	HUELSBECK, DAVID A	
STREET ADDRESS	100 LAMBERTH LAKE DR	
CITY-ST-ZIP	FAYETTEVILLE GA 30214	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SPURLOCK, MICHAEL	
STREET ADDRESS	842 HALLBROOK LANE	
CITY-ST-ZIP	ALPHARETTA GA 30004	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	HOWARD, ED	
STREET ADDRESS	16415 ADDISON ROAD #850	
CITY-ST-ZIP	DALLAS TX 75248	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	GREEN, MICHAEL	
STREET ADDRESS	1445 ARMOUR BLVD	
CITY-ST-ZIP	MUNDELEIN IL 60060	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	HAMILTON, JOHN	
STREET ADDRESS	4453 SENTINEL POST ROAD	
CITY-ST-ZIP	ATLANTA GA 30327	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SLEIZER, JOHN	
STREET ADDRESS	2609 TERRITORIAL ROAD	
CITY-ST-ZIP	ST PAUL MN 55114-1074	

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
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
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: SIGNATURE REQUIRED **5/2/2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)