

2001 UNIFORM BUSINESS REPORT (UBR)

0016337 AF

DOCUMENT # **L00000013230**

1. Entity Name
ANC RENTAL PLAZA, LLC

FILED

01 MAY -1 PM 5:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**8780 HORSESHOE LANE
BOCA RATON FL 33496**

Mailing Address
**8780 HORSESHOE LANE
BOCA RATON FL 33496**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8780 HORSESHOE LANE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
BOCA RATON FLORIDA

City & State

4. FEI Number
65-0307767

Applied For
Not Applicable

Zip
33496

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GILBERT, MARK
601 BRICKELL KEY DRIVE
MIAMI FL 33131**

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME **CALIFORNIA PRUDENTIAL AGENT** Delete
STREET ADDRESS **8780 HORSESHOE LANE**
CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition
800004274128--2
-05/21/01--01141--030
*******50.00 *****50.00**

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP
 Change Addition

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

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]*

4/25/01

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

Date

Daytime Phone #

CR2E083 (11/00)