

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # LO1000000598  
 1. Entity Name  
739 Anchor Drive, L.L.C.

Principal Place of Business  
739 Anchor Dr.  
Sanibel FL 33957

Mailing Address  
40 1031 Real Estate  
Exchange Services LC  
695 Tarpon Bay #5  
Sanibel FL 33957

2. Principal Place of Business  
739 Anchor Dr.  
 Suite, Apt. #, etc.

3. Mailing Address  
807 Shady Oaks Rd.  
 Suite, Apt. #, etc.

City & State  
Sanibel FL  
 Zip  
33957  
 Country  
USA

City & State  
West Rivers MD  
 Zip  
20778  
 Country  
USA

**FILED**  
 01 SEP -4 PM 12:17  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number  
219-46-7773  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional  
 Fes Required

6. Name and Address of Current Registered Agent  
David A. Owens

7. Name and Address of New Registered Agent  
 Name  
George Preston Herbert  
 Street Address (R.O. Box Number is Not Acceptable)  
739 Anchor Dr.  
 City  
Sanibel FL Zip Code  
33957

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 George Preston Herbert DATE 8-14-01  
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**

400004597814--1  
 -09/19/01--01013--019  
 \*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>M David A. Owens</u> <u>695 Tarpon Bay Rd #5</u> <u>Sanibel FL 33957</u>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>M George Preston Herbert</u> <u>807 Shady Oaks Rd.</u> <u>West Rivers MD 20778</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: George Preston Herbert

8-14-01

CR2E083 (11/99)