

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000000 598

1. Entity Name  
739 Anchor Drive, L.L.C.

Principal Place of Business  
739 Anchor Dr.  
Sanibel FL 33957

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

2. Principal Place of Business  
739 Anchor Dr.

3. Mailing Address  
807 Shady Oaks Rd.

City & State  
Sanibel FL

City & State  
West Rivers MD

Zip  
33957

Country  
USA

Zip  
20778

Country  
USA

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

DO NOT WRITE IN THIS SPACE

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

4. FEI Number  
219-46-7773

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fees Required

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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M. David A. Owens 695 Tarpon Bay Rd #5 Sanibel FL 33957 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M. George Preston Herbert 807 Shady Oaks Rd. West Rivers MD 20778 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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)