

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000005405

1. Entity Name

ANCHORAGE PH9, L.L.C.

Principal Place of Business

288 ISLAND CIRCLE
SARASOTA FL 34242

Mailing Address

288 ISLAND CIRCLE
SARASOTA FL 34242

94611

2. Principal Place of Business

1264 Northport Drive

3. Mailing Address

1264 Northport Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FLA

City & State

Sarasota, FLA

Zip

34242

Country

Zip

34242

Country

4. FEI Number

65-1050277

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCOY, ROXANNE
288 ISLAND CIRCLE
SARASOTA FL 34242

7. Name and Address of New Registered Agent

Name Beckman, Roxanne

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

1264 Northport Drive

City Sarasota

FL

Zip Code

34242

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

Roxanne R. Beckman

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-30-02

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MCCOY, ROXANNE 288 ISLAND CIRCLE SARASOTA FL 34242 | <input type="checkbox"/> Delete |
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|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Beckman, Roxanne 1264 Northport Drive Sarasota, FLA 34242 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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CR2E083 (9/01)

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:

Roxanne R. Beckman

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

4-30-02

Date

941-685-0979

Daytime Phone #