


2/5/2

02-05-2003 90040 018 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L02000024558**

1. Entity Name  
**ANAHEIM LAND HOLDINGS, LLC**



Principal Place of Business  
 1136 ANAHEIM STREET  
 PORT CHARLOTTE FL 33953-1689

Mailing Address  
 1136 ANAHEIM STREET  
 PORT CHARLOTTE FL 33953-1689



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number  
**33-1044072**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GUNDERSON, MIKO P ESQ**  
**18401 MURDOCK CIRCLE**  
**PORT CHARLOTTE FL 33948-1088**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>MANAGING PARTNER</b>	<b>JON A PEARCE</b>	<b>1136 ANAHEIM ST</b>	<b>PORT CHARLOTTE, FL 33953</b>	<input type="checkbox"/>
<b>SERRATANS</b>	<b>PATRICIA PEARCE</b>	<b>1136 ANAHEIM ST</b>	<b>PORT CHARLOTTE, FL 33953</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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** *Managers Part* 1/31/03 941-767-4592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)