

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0019982  
AF

DOCUMENT # **L99000002893**

1. Entity Name  
**SENIOR ADVISORY SERVICES, L.L.C.**

01 APR 26 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
**1401 KIMDALE STREET      1401 KIMDALE STREET**  
**LEHIGH ACRES FL 33936      LEHIGH ACRES FL 33936**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **65-0924724**      Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DAVIS, THOMAS J JR**  
**4575 VIA ROYALE, SUITE 206**  
**FT MYERS FL FL**

7. Name and Address of New Registered Agent

Name **Fred J Anderson**  
Street Address (P.O. Box Number is Not Acceptable)  
**1401 Kimdale St**  
City **Lehigh Acres**      FL      Zip Code **33936**

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 *Fred J Anderson*      DATE **4-24-01**  
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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>MGRM BUTTERWORTH, WALLACE</b> 1880 E. MORTEN AVENUE PHOENIX AZ 85020	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>100004192011--6</b> -05/09/01--01135--020 *****50.00 *****50.00
<input type="checkbox"/> Delete	<b>MGRM ANDERSON, FRED J TRUSTEE</b> 1880 E. MORTEN AVENUE PHOENIX AZ 85020	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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: *Fred J Anderson*      DATE **4-24-01**  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

CR2E083 (11/00)