

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

GO MAY -1 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004136

1. Entity Name

Anglesea L.L.C.

Principal Place of Business  
c/o Group IV Properties, Inc.,  
6900 Southpoint Drive North,  
Suite 250  
Jacksonville, Florida 32216

Mailing Address  
c/o Group IV Properties, Inc.,  
6900 Southpoint Drive North  
Suite 250  
Jacksonville, Florida 32215

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3589107

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Gus Sankers, President  
Group IV Properties, Inc.  
6900 Southpoint Drive North, Suite 250  
Jacksonville, Florida 32216

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
Victor R. Fransen  
c/o Coro Investments, Inc.  
8221 Old Courthouse Road, Suite 204  
Vienna, VA 22182 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
Douglas H. Anderson  
c/o Highland Management Associates  
354 Turnpike Street, Suite 303  
Canton, MA 02021 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
200003261012-1  
-05/22/00-01021-001  
\*\*\*\*\*50.00 - \*\*\*\*\*50.00

TITLE  
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I 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 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 said liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Douglas H. Anderson

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

April 24, 2000 781-821-0880

Date

Daytime Phone #

CR2E083 (11/99)