

**AMENDED**  
**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L99000004136**

**1. Entity Name**  
**ANGLESEA L.L.C.**

**Principal Place of Business**  
C/O GROUP IV PROPERTIES, INC.  
6900 SOUTHPPOINT DRIVE NORTH, SUITE 250  
JACKSONVILLE FL 32216

**Mailing Address**  
C/O GROUP IV PROPERTIES, INC.  
6900 SOUTHPPOINT DRIVE NORTH, SUITE 250  
JACKSONVILLE FL 32216

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** 59-3589107

Applied For  
Not Applicable

**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**

GROUP IV PROPERTIES, INC.  
6900 SOUTHPPOINT DRIVE NORTH, SUITE 250  
JACKSONVILLE FL 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**

300004334753--0  
-05/30/01--01089--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

**9. MANAGING MEMBERS/MEMBERS**

**10. ADDITIONS/CHANGES**

**TITLE** MGR ☒ Delete  
**NAME** FRANSEN, VICTOR R  
**STREET ADDRESS** 8221 OLD COURTHOUSE ROAD, SUITE 204  
**CITY-ST-ZIP** VIENNA VA 22182

**TITLE** MGR ☐ Change ☒ Addition  
**NAME** CORO INVESTMENTS LLC  
**STREET ADDRESS** 8221 OLD COURTHOUSE ROAD, SUITE 204  
**CITY-ST-ZIP** VIENNA, VA 22182

**TITLE** MGR ☐ Delete  
**NAME** ANDERSON, DOUGLAS H  
**STREET ADDRESS** 354 TURNPIKE STREET, SUITE 303  
**CITY-ST-ZIP** CANTON MA 02021

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**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.**

VICTOR R. FRANSEN MANAGER

**SIGNATURE:**

CORO INVESTMENTS LLC 4/26/01 (703) 506-1006

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

Date

Daytime Phone #

0002805 AF

CR2E083 (11/00)

