

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

**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, FL 32216**

Mailing Address

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



03302007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**GROUP IV PROPERTIES, INC.  
6900 SOUTHPOINT DRIVE NORTH, SUITE 250  
JACKSONVILLE, FL 32216**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CORO INVESTMENTS LLC
STREET ADDRESS	8000 TOWERS CRESCENT DRIVE, SUITE 825
CITY-ST-ZIP	VIENNA, VA 22182

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

U000000759817  
05/24/07-80058-016 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

**ROBERT FRANSEN** 04/30/07 (703) 506-1006

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

Date

Daytime Phone #