2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007373

1. Entity Name
ANTHONY, L.L.C.

019960 AF

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

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	4. FEI Number 65-0941473	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
DAVIS, THOMAS J JR.	Name _Fred J Anderson_
4575 VIA ROYALE, SUITE 206	Street Address (P.O. Box Number is Not Acceptable)
FT. MYERS FL	_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 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
TITLE MGRM	☐ Delete	TITLE		500004132155 7
NAME ANDERSON, FRED J		NAME		-05/10/01--01005--003
STREET ADDRESS 1401 KIMDALE STREET		STREET ADDRESS		*****50.00 *****50.00
CITY-ST-ZIP LEHIGH ACRES FL 33936		CITY-ST-ZIP		
TITLE MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME ANTHONY, DAVID C		NAME		
STREET ADDRESS 419 LAKE AVENUE		STREET ADDRESS		
CITY-ST-ZIP LEHIGH ACRES FL 33972		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		

CR2E083 (11/00)

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 Anderson_   _4-24-01_

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