## 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L0000012345  1. Entity Name LOUIS C. ANDERSON, LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS				
						DIVISION OF CORPORATIONS				
•	·					01 MAR -5 PM 3	: 56			
	CIAL BLVD., SUITE 310	Mailing Address 224 COMMERCIAL BLVD	ICIAL BLVD., SUITE 310		, .	OI MAR -5 111 0				
LAUDERDALE-	BY-THE-SEA FL 33308	LAUDERDALE-BY-THE-SE	A FL 3331	JiS		A LODERBIE DER DOCKE ROCKE DOCKE DOCKE DE FOR	) 11   14 <b>0  1</b>   14 <b>0  1</b>   141  1	)		
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2. Principal P	ace of Business 3	. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State Ci		City & State	ty & State			4. FEI Number Applied For Not Applicable				
Zip Country Z		Zip	ip Country			5. Certificate of Status Desired   \$5.00 Additional Fee Required				
,	6Name and Address of Current Reg	istered Agent	<u> </u>		7. Name	e and Address of New Registered	Agent	1		
				Name						
	ON, LOUIS C MERCIAL BLVD., SUITE 310		Street Address (P.			P.O. Box Number is Not Acceptable)				
	ALE-BY-THE-SEA FL 33308									
		•		City	<del> </del>	F	L Zip Code	•		
P. The above	named entity submits this statement for the	nurnose of changing its	register	ed office or regist	ered agent	or both, in the State of Florida.	<u> </u>			
e. The above	Harried entity soonlist this statement for the	· purpose or enanging its	, regioto.	oo omeo or region		·		İ		
SIGNATURE .		da il angliaghia (NIXI	E. Pagietera	d Agent signature requir	red when reinstat	ing) DATE				
	Signature, typed or printed name of registered agent and ti	вет арріпсавів. (АСТ	E. Negistere	a Agent agnature recur	ed Wierronsta	80000388				
		1	_	FEE IS \$50.00		-03/20/01	-01087	010		
		Make Check Pa	ayable t	o Department	of State	*****50.00	] 米米米米米	50.00		
9.	MANAGING MEMBERS	/MEMBERS	10.			ADDITIONS/CHANGE	S		ļ	
TITLE	MGRM	☐ Delete	TITL	E			☐ Change	☐ Addition	Š	
NAME	ANDERSON, LOUIS C		NAM	į.			٨.			
STREET ADDRESS	224 COMMERCIAL BLVD., SUITE 31 LAUDERDALE-BY-THE-SEA FL 3330	U A		EET ADDRESS '-ST-ZIP					000	
CITY-ST-ZIP	PAODENDALE-BI-THE-SEA TE 5550		TITL				Change	Addition	Š	
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STREET ADDRESS CITY-ST-ZIP			-	-ST-ZIP					l	
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<b>П</b> АМЕ	t		NAM	Œ					ŀ	
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TITLE		☐ Delete	TITL	1			Change	☐ Addition		
NAME			NAM STRI	AE EET ADDRESS						
STREET ADORESS CITY-ST-ZIP		~		Y-ST-ZIP					١	
	I certify that the information supplied with thi	s filing does not qualify to	or the exe	emption stated in	Section 119	.07(3)(i), Florida Statutes. I further of	ertify that the i	nformation		
indicated	certify that the information supplied with thi on this report is true and accurate and tha ability company or/the receiver or truste <b>n</b> e	t my signature shall have	the same	e legal effect as i s required by Cha	f made unde apter 608, Fl	er oath; that I am a managing mem lorida Statutes.	ber or manage	er of the	l	