


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 28, 2006 8:00 am
Secretary of State

01-23-2006 90134 031 ****50.00
 05-08-2006 90038 004 ****50.00



1st MOORE CR2E083 (10/05)

DOCUMENT # L05000002128 1. Entity Name ANDYLAND, LLC					
Principal Place of Business 13001 BOCA CIEGA AVE MADEIRA BEACH FL 33708		Mailing Address 13001 BOCA CIEGA AVE MADEIRA BEACH FL 33708			
2. Principal Place of Business		3. Mailing Address		4. FEI Number <i>N/A</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent KOTSAFTIS, ANDREW 13001 BOCA CIEGA AVE MADEIRA BEACH FL 33708				7. Name and Address of New Registered Agent	
				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Andrew Kotsaftis</i>				DATE <i>4/28/06</i>	
Signature, typed or printed name of registered agent and title (if applicable)		(NOTE: Registered Agent signature required when re-appointing)		DATE	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOTSAFTIS, ANDREW		NAME		
STREET ADDRESS	13001 BOCA CIEGA AVE		STREET ADDRESS		
CITY - ST - ZIP	MADEIRA BEACH FL 33708		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Andrew Kotsaftis</i>		Andrew Kotsaftis		DATE <i>4/25/06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DATE Daytime Phone #	