

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000037955

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** DW ANDERSON MANAGEMENT, LLC

**Current Principal Place of Business:**

C/O KELLY, PASSIDOMO & ALBA, LLP  
2390 TAMIAMI TRAIL NORTH, STE. 204  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

C/O KELLY, PASSIDOMO & ALBA, LLP  
2390 TAMIAMI TRAIL NORTH, STE. 204  
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number:** 27-1742749      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KELLY, CHARLES M JR.  
2390 TAMIAMI TRAIL NORTH, STE. 204  
NAPLES, FL 34103      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** ANDERSON, DONALD W  
**Address:** C/O KELLY, PASSIDOMO & ALBA, LLP  
**City-St-Zip:** NAPLES, FL 34103

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: DONALD ANDERSON      MGR      02/07/2012

\_\_\_\_\_ Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date