

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014377

FILED  
Apr 29, 2006  
Secretary of State

Entity Name: ANDERSON ASSOCIATES LLC

## Current Principal Place of Business:

5406 N.W. 143RD STREET  
GAINESVILLE, FL 32606

## New Principal Place of Business:

17607 NW 32ND AVENUE  
NEWBERRY, FL 32669

## Current Mailing Address:

5406 N.W. 143RD STREET  
GAINESVILLE, FL 32606

## New Mailing Address:

17607 NW 32ND AVENUE  
NEWBERRY, FL 32669

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEON, ANTHONY T  
45 CENTRAL CT  
TARPON SPRINGS, FL 34689 US

## Name and Address of New Registered Agent:

ANDERSON, DON  
17607 NW 32ND AVENUE  
NEWBERRY, FL 32669 US

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: DON ANDERSON

04/29/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ANDERSON, DON  
Address: 2007 NW 56TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM ( ) Delete  
Name: ANDERSON, PAUL R  
Address: 3715 NAVAJO TRACE  
City-St-Zip: DOTHAN, AL 36301

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ANDERSON, DON  
Address: 17607 NW 32ND AVENUE  
City-St-Zip: NEWBERRY, FL 32669

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: DON ANDERSON

MGRM

04/29/2006

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