2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L0000007722

1. Entity Name ANDERSON FAMILY LLC

FILED Mar 22, 2004 08:00 AM Secretary of State

Principal Place of Business

5465 SW 59TH AVE DAVIE, FL 33314 Mailing Address

and the second s

5465 SW 59TH AVE DAVIE, FL 33314





01062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number		Applied For
65-1026130		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

GLASSER, GENE K ESQ 2021 TYLER ST HOLLYWOOD, FL 33020

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		A CONTRACT OF THE PROPERTY OF
8. The above the obligat	named entity submits this statement for the purpose of cha- tions of registered agent.	inging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent algosture required when relativity) DATE
		(Act Inc.) Indigenous (Albus and Action on Autorition Action (Act Browning)
F D	iling Fee is \$50,00 ue by May 1, 2004	
9.	MANAGING MEMBERS/MANAGERS	A STATE OF THE PROPERTY OF THE
TITLE NAME	MGRM ANDERSON, WAYNE	The state of the s
STREET ADDRESS CITY+ST-ZIP	5465 SW 59TH AVE DAVIE, FL 33314	U00000094028 03/22/04-60042-022 50.00
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cre is released a	early war me invinishon solvined will this illing does not b	qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information

In the by definity that the information supplied with this iming does not quality for the exemption stated in Section 119.07(3)(t), Florida Statutes. I further centry 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: L. Wayne Cenderan L. WAYNE ANDERSON	3-18-04	562-3944
SKINATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #