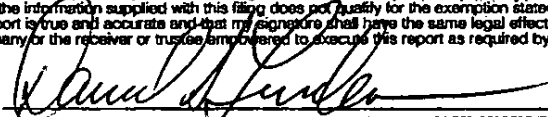


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT.**

FILED

**Feb 10, 2005 8:00 am
Secretary of State**

01-12-2005 90027 042 ****50.00

DOCUMENT # L01000009509		
1. Entity Name ANGLER ASSOCIATES, LLC		
Principal Place of Business P.O. BOX 443 BOCA GRANDE, FL 33921	Mailing Address P.O. BOX 443 BOCA GRANDE, FL 33921	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WHIGHAM, DAVID L ESQ. 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LINDENBAUM, DAVID S P.O. BOX 443 BOCA GRANDE, FL 33921	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes. SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF GENERAL MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		



01042005 No Chg- LLC CR2E083 (10/03)

4. FEI Number 65-1120382	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

2-5-05 941-964-5788
Date Daytime Phone #