

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000009509**

1. Entity Name  
**ANGLER ASSOCIATES, LLC**



Principal Place of Business

P.O. BOX 443  
BOCA GRANDE, FL 33921

Mailing Address

6300 POWERS FERRY RD  
SUITE 600-354  
ATLANTA, GA 30339



01222007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-1120382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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)

DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

U000000604927  
01/30/07-80014-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LINDENBAUM, DAVID S
STREET ADDRESS	6300 POWERS FERRY RD, SUITE 600-354
CITY-ST-ZIP	ATLANTA, GA 30339

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 \_\_\_\_\_

*David Lindenbaum* 1/23/07