


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 11, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000016759	
1. Entity Name ANDERSON PROPERTIES OF CENTRAL FLORIDA, L.L.C.	

Principal Place of Business 100 WEST GORE STREET, SUITE 405 ORLANDO, FL 32806	Mailing Address 100 WEST GORE STREET, SUITE 405 ORLANDO, FL 32806
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DO NOT WRITE IN THIS SPACE



01272004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0473839	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WEATHERFORD, WILLIAM P JR  
1031 W. MORSE BLVD., SUITE 105  
WINTER PARK, FL 32789

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

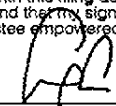
**Filing Fee is \$50.00**  
**Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ANDERSON, AXEL W IV, MD 100 WEST GORE STREET, SUITE 405 ORLANDO, FL 32806
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 03/11/04-80053-023 50.00

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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 608, Florida Statutes.

SIGNATURE  \_\_\_\_\_

Date 3/8/04 Daytime Phone # 407 839 1158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE