

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000033743**

1. Entity Name

ANDERSON-PARRISH PROPERTIES, LLC



Principal Place of Business

2506 W. BURR OAK COURT  
SARASOTA, FL 34232

Mailing Address

2506 W. BURR OAK COURT  
SARASOTA, FL 34232



02112005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3763951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PARRISH, PAULINE J  
2506 W. BURR OAK COURT  
SARASOTA, FL 34232

**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, 2005**

1000000333936  
04/28/05-80091-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
ANDERSON, LYNN  
4727 TICH BORN ETRLE  
BRADENTON, FL 34211

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
PARRISH, PAULINE J  
2506 W. BURR OAK CT  
SARASOTA, FL 34232

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
HASIAK, ALICIA  
6839 68TH STREET EAST  
BRADENTON, FL 34203

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER

Date

Daytime Phone #

4/25/05

941-780-4852