2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000033743

1. Entity Name
ANDERSON-PARRISH PROPERTIES, LLC

Principal Place of Business	Mailing Address
2506 W. BURR OAK COURT SARASOTA, FL 34232	2506 W. BURR OAK COURT SARASOTA, FL 34232

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03182007 No Chg-LLC CR2E083 (11/05)

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

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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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ANDERSON, LYNN M
STREET ADDRESS	4727 TICH BORN ETRLLE
CITY-ST-ZIP	BRADENTON, FL 34211
TITLE	MGR
NAME	PARRISH, PAULINE J
STREET ADDRESS	2506 W. BURR OAK CT
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	MGR
NAME	LELLI, FAYE
STREET ADDRESS	2506 W BURR OAK COURT
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/07-80003-015 50.00

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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: Pauline J. Parrish 4/20/07 941-780-4852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #