

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90434 031 \*\*\*\*50.00

DOCUMENT # L03000004284

1. Entity Name

ANSON WHITEHOUSE, LLC



Principal Place of Business

1200 NORTH FEDERAL HIGHWAY  
SUITE 420  
BOCA RATON FL 33432

Mailing Address

2075 SOUTH BEACH DRIVE  
APT. 5C  
DELRAY BEACH FL 33432

2. Principal Place of Business

831 ESTUARY WAY

3. Mailing Address

831 ESTUARY WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL ~~33432~~

City & State

DELRAY BEACH, FL ~~33432~~

Zip

33483

Country

USA

Zip

33483

Country

USA

4. FEI Number

75-3105294

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAYMOND, JOHN J JR.  
1200 NORTH FEDERAL HIGHWAY  
SUITE 420  
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME WHITEHOUSE, PATRICIA H  
STREET ADDRESS 2075 SOUTH OCEAN DRIVE APT. 5C  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE MGRM ☐ Delete  
NAME ANSON, SHARON H  
STREET ADDRESS 2075 SOUTH OCEAN DRIVE APT. 5C  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ~~MANAGING MEMBER~~ MGR ☒ Change ☐ Addition  
NAME WHITEHOUSE, PATRICIA H  
STREET ADDRESS 3121 POLO DRIVE  
CITY-ST-ZIP GULFSTREAM, FL 33483

TITLE MGR ☒ Change ☐ Addition  
NAME ~~SHARON H. ANSON~~ ANSON, SHARON H.  
STREET ADDRESS 831 ESTUARY WAY  
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

SHARON H. ANSON, MGR 3/11/04 561-243-9585