

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90427 008 ****50.00

DOCUMENT # L03000004284

1. Entity Name

ANSON WHITEHOUSE, LLC



Principal Place of Business

831 ESTUARY WAY
DELRAY BEACH FL 33483

Mailing Address

831 ESTUARY WAY
DELRAY BEACH FL 33483

2. Principal Place of Business

510 N.E. 8TH AVE.

Suite, Apt. #, etc.

3. Mailing Address

510 N.E. 8TH AVE.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME WHITEHOUSE, PATRICIA H
STREET ADDRESS 510 N.E. 8TH AVENUE
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE MGRM ☒ Delete
NAME ANSON, SHARON H
STREET ADDRESS 831 ESTUARY WAY
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE MGRM ☐ Delete
NAME ANSON, SHARON H.
STREET ADDRESS 800 AVE. OF THE AMERICAS, #21-G
CITY-ST-ZIP NEW YORK, NY 10001

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 ☐ 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

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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 exemptions contained in Section 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:

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

2-12-06 917-975-3345

Date

Daytime Phone #