

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90417 049 ****50.00

DOCUMENT # L03000012093

1. Entity Name

ANDERSON DEVELOPERS DIVERSIFIED, LLC



Principal Place of Business

420 PARK PLACE, STE. 100
CLEARWATER FL 33759

Mailing Address

420 PARK PLACE, STE. 100
CLEARWATER FL 33759

2. Principal Place of Business

3005 SR 590, SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

CLEARWATER, FL

Zip
33759

Country

US

3. Mailing Address

3005 SR 590

Suite, Apt. #, etc.

SUITE 200

City & State

CLEARWATER, FL

Zip

33759

Country

US



MOORE

CR2E083 (11/03)

4. FEI Number

03-0513608

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUBBART, KEVIN J ESQ.
420 PARK PLACE, STE. 100
CLEARWATER FL 33759

7. Name and Address of New Registered Agent

Name

MARSHALL S. HARRIS

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

3005 SR 590, SUITE 200

City

CLEARWATER

FL

Zip Code

33759

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

04/16/04

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

9. MANAGING MEMBERS/MANAGERS

TITLE ~~PARTNER~~ ☐ Delete
NAME ~~MARSHALL S. HARRIS~~
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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ~~PARTNER~~ ☐ Change ☒ Addition
NAME MARSHALL S. HARRIS
STREET ADDRESS 3005 SR 590, SUITE 200
CITY-ST-ZIP CLEARWATER, FL 33759

TITLE ~~PARTNER~~ ☐ Change ☒ Addition
NAME DAVID McCOMBS
STREET ADDRESS 420 PARK PLACE BLVD, SUITE 100
CITY-ST-ZIP CLEARWATER, FL 33759

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 #

4/13/04