

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90035 024 \*\*\*\*50.00

**DOCUMENT # L03000012093**

**1. Entity Name**

**ANDERSON DEVELOPERS DIVERSIFIED, LLC**



**Principal Place of Business**

**3005 SR 590, STE 200  
CLEARWATER, FL 33759**

**Mailing Address**

**3005 SR 590, STE 200  
CLEARWATER, FL 33759**

**14005777**



**DO NOT WRITE IN THIS SPACE**

04262005No Chg-LLC

CR2E083 (10/03)

**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**

**HARRIS, MARSHALL S  
3005 SR 590, STE 200  
CLEARWATER, FL 33759**

**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 reissuing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**P  
HARRIS, MARSHALL S  
3005 SR 590, STE 200  
CLEARWATER, FL 33759**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**P  
MCCOMAS, DAVID  
420 PARK PLACE BLVD., STE 100  
CLEARWATER, FL 33759**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**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)(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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #