
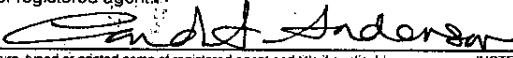


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

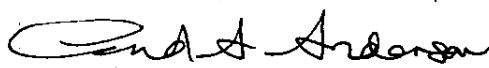
FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90012 034 ****50.00

| | | | | | |
|---|---|--|--|---|--|
| DOCUMENT # L03000029605 1. Entity Name CAROL A. ANDERSON REALTY LLC | | | |  | |
| Principal Place of Business 325 CHILEAN AVENUE PALM BEACH, FL 33480 US | | | Mailing Address 325 CHILEAN AVENUE PALM BEACH, FL 33480 US | | |
| 2. Principal Place of Business 311 FLAMINGO DRIVE Suite, Apt. #, etc. | | 3. Mailing Address 311 FLAMINGO DRIVE Suite, Apt. #, etc. | | | |
| City & State W. PALM BEACH, FL 33401 | | City & State W. PALM BEACH, FL | | 4. FEI Number 16-168-1117 | |
| Zip 33401 | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 | | | 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  | | | | DATE 7/6/2004 | |
| Filing Fee is \$50.00 Due by September 8, 2004 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ANDERSON, CAROL A 311 FLAMINGO DRIVE 2537 WATERSIDE DRIVE, NW WASHINGTON, DC 20008 W. PALM BEACH, FL 33401 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CORCORAN, MELANIE A 2537 WATERSIDE DRIVE, NW WASHINGTON, DC 20008 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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



7/6/2004