

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000032803**

1. Entity Name  
ANSS-FL, L.L.C.



Principal Place of Business  
215 CELEBRATION PLACE, SUITE 315  
CELEBRATION, FL 34747

Mailing Address  
101 PONDS EDGE DRIVE  
SUITE 200  
CHADDS FORD, PA 19317



01042006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
35-2220493

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

PAZIENZA, DELLA L  
2305 NW 89TH DR.  
APT. 705  
CORAL SPRINGS, FL 33065

**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 agree, 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

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MITCHELL, JAMES E III  
5885 TRINITY PARKWAY, SUITE 130  
CENTREVILLE, VA 20120

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PETERSON, RYAN B  
101 PONDS EDGE DRIVE, SUITE 300  
CHADDS FORD, PA 19317

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MOSKEY, YVONNE M  
101 PONDS EDGE DRIVE, SUITE 300  
CHADDS FORD, PA 19317

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

100000388734  
01/20/06-80018-003 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 60B, Florida Statutes.

**SIGNATURE:**

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

Date

Daytime Phone #