

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032803

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

FILED
Mar 19, 2008
Secretary of State

Current Principal Place of Business:

215 CELEBRATION PLACE, SUITE 310
CELEBRATION, FL 34747

New Principal Place of Business:

1231 US HWY. 27 SOUTH
SEBRING, FL 33870 US

Current Mailing Address:

5885 TRINITY PARKWAY
SUITE 130
CENTREVILLE, VA 20120

New Mailing Address:

14535 JOHN MARSHALL HWY.
STE. 109
GAINESVILLE, VA 20155 US

FEI Number: 35-2220493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNOLD, MARY
1231 US HIGHWAY 27 SOUTH
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MITCHELL, JAMES E III
Address: 5885 TRINITY PARKWAY, SUITE 130
City-St-Zip: CENTREVILLE, VA 20120 US

Title: MGRM () Delete
Name: PETERSON, RYAN B
Address: 871 BALTIMORE PIKE, SUITE 38
City-St-Zip: GLEN MILLS, PA 19342

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MITCHELL, JAMES E III
Address: 14535 JOHN MARSHALL HWY. STE 109
City-St-Zip: GAINESVILLE, VA 20155 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES E MITCHELL, III

MGRM

03/19/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date