

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90142 004 ****50.00

DOCUMENT # L03000049063

1. Entity Name
ANDERSEN LODGE, LLC



Principal Place of Business
6110 SR 207
ELKTON, FL 32033

Mailing Address
P O BOX 670
HASTINGS, FL 32145

2. Principal Place of Business
10 Boston
Suite, Apt. #, etc.

3. Mailing Address
PO Box 1088
Suite, Apt. #, etc.



02132006 Chg-LLC CR2E083 (11/05)

City & State
Melaka FL
Zip
32193

City & State
Melaka FL
Zip
32193

4. FEI Number
20-0701144
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SANDERS, WILLIAM M
6110 SR 207
ELKTON, FL 32033

7. Name and Address of New Registered Agent

Name
David Austin
Street Address (P.O. Box Number is Not Acceptable)
455 So. Horseshoe Dr
City
St. Augustine FL Zip Code
32084

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

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, WILLIAM M	
STREET ADDRESS	6110 SR 207	
CITY-ST-ZIP	ELKTON, FL 32033	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	AUSTIN, DAVID	
STREET ADDRESS	6110 SR 207 455 So. Horseshoe Dr	
CITY-ST-ZIP	ELKTON, FL 32033 St. Augustine FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 608, Florida Statutes.

SIGNATURE:

David Austin

MGR

2-13-06

386 467-3344

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

Date

Daytime Phone #