


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90159 011 ****50.00

DOCUMENT # L03000049063	
1. Entity Name ANDERSEN LODGE, LLC	

Principal Place of Business 10 BOSTON WELAKA, FL 32193	Mailing Address P.O. BOX 1088 WELAKA, FL 32193
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04062007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0701144	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SANDERS, WILLIAM M 455 S HORSESHOE DR SAINT AUGUSTINE, FL 32084		Name SANDERS, WILLIAM M Street Address (P.O. Box Number is Not Acceptable) 6110 SR 207 City ELKTON FL Zip Code 32033	

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 *William M. Sanders MGR* DATE *4/6/07*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SANDERS, WILLIAM M 6110 SR 207 ELKTON, FL 32033 <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	MGR AUSTIN, DAVID 455 S HORSESHOE DR SAINT AUGUSTINE, FL 32084 <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 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: *William M. Sanders MGR* *4/6/07* *392-7064*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #