


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90191 047 ****55.00

DOCUMENT # L04000006554 1. Entity Name ANDERSON & WELCH, L.L.C.					
Principal Place of Business 515 FLAGLER DRIVE P300 WEST PALM BEACH, FL 33401 US			Mailing Address 515 FLAGLER DRIVE P300 WEST PALM BEACH, FL 33401 US		
2. Principal Place of Business - No P.O. Box # 500 S. AUSTRALIAN AVE.		3. Mailing Address 500 S. AUSTRALIAN AVE.		 02222007 Chg-LLC CR2E083 (12/06)	
Suite, Apt. #, etc. SUITE 622		Suite, Apt. #, etc. SUITE 622			
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL			
Zip 33401		Zip 33401			
Country USA		Country USA		4. FEI Number 20-2185800	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ANDERSON, KEVIN R 515 FLAGLER DRIVE, SUITE P300 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500 S. AUSTRALIAN AVE., STE. 622 City WEST PALM BEACH FL 33401		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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 ANDERSON, KEVIN R 515 FLAGLER DRIVE, STE P300 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 S. AUSTRALIAN AVE., STE. 622 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WELCH, DEREK D 4151 MEMORIAL DRIVE, SUITE 108-C ATLANTA, GA 30032	<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	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  KEVIN R. ANDERSON 2-22-07 561-832-3386 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					