


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90016 044 \*\*\*\*50.00

<b>DOCUMENT # L04000041184</b>	
1. Entity Name <b>RED ANDERS L.L.C.</b>	

Principal Place of Business <b>4550 SCHOONER DRIVE NORTH CAPTIVA ISLAND FL 33924</b>	Mailing Address <b>P.O. BOX 978 SANIBEL FL 33957</b>
---	---



2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/05)

4. FEI Number <b>51-0541410</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>ANDERS, KRISTIE 4550 SCHOONER DRIVE P.O. BOX 978, SANIBEL, FL 33957 <del>NORTH CAPTIVA ISLAND FL 33924</del></b>	
--	--

7. Name and Address of New Registered Agent Name <b>Anders Kristie</b> Street Address (P.O. Box acceptable) <b>4550 Schooner Drive</b> City <b>North Captiva Isl</b> <b>FL</b> Zip Code <b>33924</b>	
--	--

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 <b>Kristie Anders</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<b>Kristie Anders</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	<b>3/30/06</b> <small>DATE</small>

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>	
--	--

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ANDERS, WILTON 4550 SCHOONER DR NORTH CAPTIVA ISLAND FL 33924</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ANDERS, KRISTIE 4550 SCHOONER DR NORTH CAPTIVA ISLAND FL 33924</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 Section 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: <b>Kristie Anders</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<b>3/30/06</b> <small>Date</small>	<b>239-472-</b> <small>Daytime Phone #</small>
--	---------------------------------------	---