

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 17, 2006 8:00 am**  
**Secretary of State**

07-17-2006 90042 030 \*\*\*\*50.00

**DOCUMENT # L04000054799**

1. Entity Name  
**ANDERSON PAVILION, LLC**



Principal Place of Business  
**1730 EAST COMMERCIAL BLVD.  
FT. LAUDERDALE, FL 33334**

Mailing Address  
**1730 EAST COMMERCIAL BLVD.  
FT. LAUDERDALE, FL 33334**

**40049221**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07112006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MYNN, MARK J  
C/O ROBERT S. FORMAN, P.A.  
2101 WEST COMMERCIAL BLVD., SUITE 2800  
FT. LAUDERDALE, FL 33309**

Name **Robert S. Forman, Esquire**

Street Address (P.O. Box Number is Not Acceptable)  
**Robert S. Forman, P. A.**

**2101 W. Commercial Blvd., Suite 2800**

City **Fort Lauderdale** **FL** Zip Code **33309**

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 **Robert S. Forman**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7/11/06**  
DATE

**Filing Fee is \$50.00  
Due by September 6, 2006**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ANDERSON MANAGER, LLC  
1730 EAST COMMERCIAL BLVD.  
FT. LAUDERDALE, FL 33334** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:**

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

**7/11/06 954-492-1980**

Date

Daytime Phone #