

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90225 043 ***138.75

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**

60020082



2. Principal Place of Business - No P.O. Box #
3700 Airport Road

3. Mailing Address
2101 W Commercial Blvd

01302008 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.
Suite 401

Suite, Apt. #, etc.
Suite 2800

City & State
Boca Raton, FL

City & State
Fort Lauderdale, FL

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip Country
33431 US

Zip Country
33309 US

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Robert S. Forman, Esquire
Street Address (P.O. Box Number is Not Acceptable)
Forman & Altino, P.A.
2101 W Commercial Blvd., Suite 2800
City Zip Code
Fort Lauderdale, FL 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

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

(NOTE: Registered Agent signature required when reinstating)

4/1/08
DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
ANDERSON MANAGER, LLC
3700 AIRPORT ROAD, SUITE 401
BOCA RATON, FL 33431** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
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10. ADDITIONS/CHANGES

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

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

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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

Kenneth H. Shimm, Manager

4/1/08
Date

561-391-1751
Daytime Phone #