

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90025 045 ****50.00

DOCUMENT # L04000054800

1. Entity Name
ANDERSON MANAGER, LLC



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

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

14002806



2. Principal Place of Business
2101 W. Commercial Blvd

3. Mailing Address
2101 W. Commercial Blvd

Suite, Apt. #, etc.
Suite 2800

Suite, Apt. #, etc.
Suite 2800

04252005 Chg-LLC CR2E083 (10/03)

City & State
FT LAUDERDALE FL

City & State
FT LAUDERDALE FL

4. FEI Number
☒ Applied For
☒ Not Applicable

Zip
33309

Country
USA

Zip
33309

Country
USA

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

6. Name and Address of Current Registered Agent

**LYNN, MARK J ESQ.
C/O ROBERT S. FORMAN, P.A.
2101 WEST COMMERCIAL BLVD., SUITE 4100
FORT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

Name
Mark J. Lynn

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

2101 West 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

Mark J. Lynn

4/25/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SHIMM, KENNETH L
1730 EAST COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33334**

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2101 W. Commercial Blvd, Suite 2800
Fort Lauderdale FL 33309**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4/25/05

Date

(954) 492-1980

Daytime Phone #

Kenneth L. Shimm, Manager