

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L04000054800

1. Entity Name  
ANDERSON MANAGER, LLC



Principal Place of Business  
2101 W COMMERCIAL BLVD  
SUITE 2800  
FORT LAUDERDALE, FL 33309

Mailing Address  
2101 W COMMERCIAL BLVD  
SUITE 2800  
FORT LAUDERDALE, FL 33309

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**



04242006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

LYNN, MARK J ESQ.  
C/O ROBERT S. FORMAN, P.A.  
2101 WEST COMMERCIAL BLVD., SUITE 2800  
FORT LAUDERDALE, FL 33309

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

U000000543138  
05/10/06-80126-017 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHIMM, KENNETH L 2101 W COMMERCIAL BLVD, STE 2800 FORT LAUDERDALE, FL 33309
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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

DATE \_\_\_\_\_

Daytime Phone # \_\_\_\_\_