


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-07-2008 90225 004 ***138.75

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	
2. Principal Place of Business - No P.O. Box # 3700 Airport Road		3. Mailing Address 	
Suite, Apt. #, etc. Suite 401		Suite, Apt. #, etc. 	
City & State Boca Raton, FL		City & State 	
Zip 33431	Country US	Zip 	Country
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name Robert S. Forman, Esquire Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) 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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHIMM, KENNETH L 2101 W COMMERCIAL BLVD, STE 2800 FORT LAUDERDALE, FL 33309	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3700 Airport Road, Suite 401 Boca Raton, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 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		Date 4/1/08 Daytime Phone # 561-391-1751	

Kenneth L. Shimm, Managing Member