

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State



DOCUMENT # L04000060468
1. Entity Name
ANDERSON LANDING, L.L.C.

Principal Place of Business 114 VENETIAN WAY DAYTONA BEACH, FL 32127	Mailing Address 114 VENETIAN WAY DAYTONA BEACH, FL 32127
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04122006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-2010158	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

ANDERSON, MARIE K
114 VENETIAN WAY
DAYTONA BEACH, FL 32127

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: Marie K. Anderson [Signature] 4-12-06
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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ANDERSON, MARIE K
STREET ADDRESS	114 VENETIAN WAY
CITY - ST - ZIP	DAYTONA BEACH, FL 32127
TITLE	MGRM
NAME	ANDERSON, BRIAN E
STREET ADDRESS	114 VENETIAN WAY
CITY - ST - ZIP	DAYTONA BEACH, FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: Brian E. Anderson 4-12-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #