


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 28, 2006 8:00 am
Secretary of State

01-23-2006 90134 031 ****50.00
05-08-2006 90038 004 ****50.00

DOCUMENT # L05000002128 1. Entity Name ANDYLAND, LLC					
Principal Place of Business 13001 BOCA CIEGA AVE MADEIRA BEACH FL 33708			Mailing Address 13001 BOCA CIEGA AVE MADEIRA BEACH FL 33708		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number N/A				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KOTSAFTIS, ANDREW 13001 BOCA CIEGA AVE MADEIRA BEACH FL 33708				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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: <i>[Signature]</i> 4/28/06 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-submitting)</small>	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE: MGRM NAME: KOTSAFTIS, ANDREW STREET ADDRESS: 13001 BOCA CIEGA AVE CITY - ST - ZIP: MADEIRA BEACH FL 33708				TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP: <input type="checkbox"/> Delete				TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Section 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: <i>[Signature]</i> Andrew Kotsaftis 4/25/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					