


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # L05000002817 1. Entity Name ANR ASSOCIATES, LLC		
Principal Place of Business 280 VISTA OAK DRIVE LONGWOOD, FL 32779	Mailing Address 280 VISTA OAK DRIVE LONGWOOD, FL 32779	



01092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 84-1667010	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

MCDOWELL, BRIAN
200 SOUTH ORANGE AVENUE
2600
ORLANDO, FL 32801

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000781753
01/15/08-80047-016 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	PRES
NAME	RINTELMANN, ARLENE NEIL
STREET ADDRESS	280 VISTA OAK DRIVE
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	SECR
NAME	RINTELMANN, PETER NEIL
STREET ADDRESS	1519 ORIOLE STREET
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	TREA
NAME	RINTELMANN, KRISTEN M
STREET ADDRESS	280 VISTA OAK DRIVE
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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

1/9/08 407 383 0285

Date

Daytime Phone #