

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002817

Entity Name: ANR ASSOCIATES, LLC

FILED
Apr 10, 2009
Secretary of State

Current Principal Place of Business:

280 VISTA OAK DRIVE
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

280 VISTA OAK DRIVE
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 84-1667010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: RINTELMANN, ARLENE NEIL
Address: 280 VISTA OAK DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: SECR () Delete
Name: RINTELMANN, PETER NEIL
Address: 1519 ORIOLE STREET
City-St-Zip: LONGWOOD, FL 32750

Title: TREA () Delete
Name: RINTELMANN, KRISTEN M
Address: 280 VISTA OAK DRIVE
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ARLENE N. RINTELMANN

PRES

04/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date