


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 16, 2006 8:00 am**  
**Secretary of State**

06-16-2006 90001 027 \*\*\*\*50.00

<b>DOCUMENT # L05000005073</b>	
1. Entity Name <b>ANDERSON GREENSPON, LLC</b>	

Principal Place of Business <b>6070 N. FEDERAL HWY ATTN: FRANK J. BADACH, ESQ. BOCA RATON, FL 33487</b>	Mailing Address <b>6070 N. FEDERAL HWY ATTN: FRANK J. BADACH, ESQ. BOCA RATON, FL 33487</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
<b>BADACH, FRANK J ESQ 6070 N. FEDERAL HWY BOCA RATON, FL 33487</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	DATE
(NOTE: Registered Agent signature required when reinstating)	

<b>Filing Fee is \$50.00 Due by September 6, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERSON, MARAGRET 101 POINTE DRIVE #410 NORTHBROOK, IL 60061 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	550 SE 5th AVE, 303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENSPON, LEE 101 POINTE DRIVE #410 NORTHBROOK, IL 60061 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	550 SE 5th AVE, 303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BOCA RATON, FL 33432
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
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: <b>MARGARET ANDERSON</b>	561-212-1297 06/08/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #