

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90082 016 ****50.00

DOCUMENT # L05000008163					
1. Entity Name ANECO, LLC					
Principal Place of Business 6527 MOORINGS POINT CIRCLE, #101 BRADENTON, FL 34202			Mailing Address 6527 MOORINGS POINT CIRCLE, #101 BRADENTON, FL 34202		
2. Principal Place of Business 7717 27th Ave W Suite, Apt. #, etc.		3. Mailing Address 7717 27th Ave W Suite, Apt. #, etc.			
City & State BRADENTON FL Zip 34209 Country USA		City & State BRADENTON FL Zip 34209 Country USA		4. FEI Number 20-2238087	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BRITT, ANN 6527 MOORINGS POINT CIRCLE, #101 BRADENTON, FL 34202			7. Name and Address of New Registered Agent Name: ELAYNE R BRITT Street Address (P.O. Box Number is Not Acceptable): 7717 27th Ave W City: BRADENTON FL Zip Code: 34209		
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: <u>Elayne R Britt</u> (NOTE: Registered Agent signature required when reinstating) DATE: 7-17-06					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRITT, ANN 6527 MOORINGS POINT CIRCLE, #101 BRADENTON, FL 34202	<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	MGRM BRITT, ELAYNE R 6527 MOORINGS POINT CIRCLE, #101 BRADENTON, FL 34202	<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 checked="" 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: <u>Elayne R Britt</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: 7-17-06		Daytime Phone #: 941-794-1959

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