
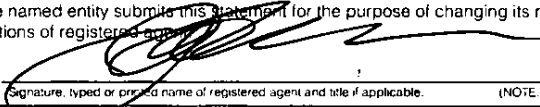



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90023 007 ***138.75

DOCUMENT # L05000029515 1. Entity Name BRIAN DOUGLAS ANDERSON, PL		
Principal Place of Business 9059 PROSPERITY WAY FORT MYERS, FL 33913		Mailing Address ROBERT D. ROYSTON, JR. P.O. DRAWER 60205 FORT MYERS, FL 33906
2. Principal Place of Business - No P.O. Box # 16024 Herons View Dr Suite, Apt. #, etc.		<div style="text-align: center;"> <i>do</i> JOHN M. WICKER, P.A. P.O. DRAWER 60205 FORT MYERS, FL 33906 </div>
City & State ALVA FL		
Zip 33920	Country	
6. Name and Address of Current Registered Agent ROYSTON, ROBERT D JR 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS, FL 33907		
7. Name and Address of New Registered Agent JOHN M. WICKER, P.A. 12670 NEW BRITTANY BLVD., STE 101 FORT MYERS, FL 33907		4. FEI Number 33-114779
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable
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 		
(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERSON, BRIAN D 9059 PROSPERITY WAY FORT MYERS, FL 33913	<input type="checkbox"/> Delete
10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	16024 Herons View Drive Alva, FL 33920	<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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		
Date 4/21/08		

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