

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064263

FILED  
Apr 25, 2006  
Secretary of State

**Entity Name:** ANDERSON PROPERTIES OF FLORIDA LLC

**Current Principal Place of Business:**

215 SHADY CREEK LANE  
DEFUNIAK SPRINGS, FL 32434

**New Principal Place of Business:**

215 SHADY CREEK LANE  
DEFUNIAK SPRINGS, FL 32435

**Current Mailing Address:**

215 SHADY CREEK LANE  
DEFUNIAK SPRINGS, FL 32434

**New Mailing Address:**

P. O. BOX 1019  
DEFUNIAK SPRINGS, FL 32435

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANDERSON, JAMES F  
215 SHADY CREEK LANE  
DEFUNIAK SPRINGS, FL 32434 US

**Name and Address of New Registered Agent:**

ANDERSON, JAMES F  
215 SHADY CREEK LANE  
DEFUNIAK SPRINGS, FL 32435 US

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:

04/25/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ANDERSON, JAMES F  
Address: 215 SHADY CREEK LANE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32434

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES F. ANDERSON

MGR

04/25/2006

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