


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90092 037 ****55.00

DOCUMENT # L05000074707	
1. Entity Name ANDERSONGLENN, LLC	

20004464



01152006 Chg-LLC CR2E083 (11/05)

Principal Place of Business 225 WATER STREET, SUITE 2100 JACKSONVILLE, FL 32202	Mailing Address 225 WATER STREET, SUITE 2100 JACKSONVILLE, FL 32202
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2. Principal Place of Business 814 AZA North	3. Mailing Address 814 AZA North
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200

City & State Ponte Vedra Bch FL	City & State Ponte Vedra Bch FL
Zip 32082	Zip 32082
Country USA	Country USA

6. Name and Address of Current Registered Agent ANDERSON, GREGORY A 225 WATER STREET, SUITE 2100 JACKSONVILLE, FL 32202	
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4. FEI Number 44-2180990	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name ANDERSON, GREGORY A.	
Street Address (P.O. Box Number is Not Acceptable) 814 AZA North, Suite 200	
City Ponte Vedra Bch	Zip Code FL 32082

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 reappointing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM	<input type="checkbox"/> Delete	TITLE MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDERSON, GREGORY A		NAME ANDERSON, GREGORY A.	
STREET ADDRESS 225 WATER STREET, SUITE 2100		STREET ADDRESS 814 AZA North, Suite 200	
CITY-ST-ZIP JACKSONVILLE, FL 32202		CITY-ST-ZIP Ponte Vedra Beach, FL 32082	
TITLE MGRM	<input type="checkbox"/> Delete	TITLE MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GLENN, JOHN J		NAME GLENN, JOHN J.	
STREET ADDRESS 225 WATER STREET, SUITE 2100		STREET ADDRESS 814 AZA North, Suite 200	
CITY-ST-ZIP JACKSONVILLE, FL 32202		CITY-ST-ZIP Ponte Vedra Beach, FL 32082	
TITLE MGRM	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RATHET, BROOKS C		NAME	
STREET ADDRESS 225 WATER STREET, SUITE 2100	Delete	STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL 32202		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 606, Florida Statutes.

SIGNATURE: **Sharon Muebeck Sharon Muebeck** 01-30-06 904-273-4734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #