

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074707

Entity Name: ANDERSONGLENN, LLC

FILED
Jan 11, 2007
Secretary of State

Current Principal Place of Business:

814 AIA NORTH
SUITE 200
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

814 AIA NORTH
SUITE 200
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 41-2180990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, GREGORY A
814 AIA NORTH, SUITE 200
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ANDERSON, GREGORY A
Address: 814 AIA NORTH, SUITE 200
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM () Delete
Name: GLENN, JOHN J
Address: 814 AIA NORTH, SUITE 200
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM (X) Delete
Name: RATHET, BROOKS C
Address: 814 AIA NORTH, STE 200
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES:

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

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

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: GREGORY A. ANDERSON

MGRM

01/11/2007

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