

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109519

FILED  
Sep 10, 2007  
Secretary of State

Entity Name: ANDERSON LLC

**Current Principal Place of Business:**

5306 MAJESTIC CT.  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

14320 MCGREGOR BLVD  
FT MYERS, FL 33919

**Current Mailing Address:**

5306 MAJESTIC CT.  
CAPE CORAL, FL 33904

**New Mailing Address:**

14320 MCGREGOR BLVD  
FT MYERS, FL 33919

FEI Number: 20-3804809      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

ANDERSON, DUANE K  
5306 MAJESTIC CT.  
CAPE CORAL, FL 33904      US

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

ANDERSON, DUANE K  
14320 MCGREGOR BLVD  
FT MYERS, FL., FL 33919      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: DUANE K ANDERSON

09/10/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: ANDERSON, DUANE K  
Address: 5306 MAJESTIC CT  
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: ANDERSON, DUANE K  
Address: 14320 MCGREGOR BLVD  
City-St-Zip: FT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify 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: DUANE K ANDERSON

MGR

09/10/2007

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