2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028871

Entity Name: ANEXTGEN LLC

City-St-Zip:

DELTONA, FL 32725

FILED Jan 06, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2941 GRIMES ST. DELTONA, FL 32738 **Current Mailing Address: New Mailing Address:** 2941 GRIMES ST. DELTONA, FL 32738 FEI Number: 51-0569682 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KRIVICKAS, ALBERT C 2941 GRIMES ST. DELTONA, FL 32738 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete JONES, DAWSON N Name: Name: Address: 2980 MALLARD DR. Address: City-St-Zip: DELTONA, FL 32738 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: KRIVICKAS, ALBERT C Name: Address: 2941 GRIMES ST. Address: City-St-Zip: DELTONA, FL 32738 City-St-Zip: Title: MGR () Delete Title: () Change () Addition HUTCHERSON, CHRISTINA K Name: Name: 2941 GRIMES ST. Address: Address: City-St-Zip: DELTONA, FL 32738 City-St-Zip: Title: MGR (X) Delete Title: () Change () Addition Name: DAVID, THOMAS F Name: 1831 SPRINGWOOD LN. Address: Address:

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.

City-St-Zip:

SIGNATURE: CHRISTINA HUTCHERSON MGR 01/06/2007