

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035545

FILED
Apr 29, 2009
Secretary of State

Entity Name: ANDERSON PROPERTIES, LLC

Current Principal Place of Business:

10602 WILD MEADOW WAY
TAMPA, FL 33626 US

New Principal Place of Business:

132 HURON AVE
TAMPA, FL 33606 US

Current Mailing Address:

10602 WILD MEADOW WAY
TAMPA, FL 33626 US

New Mailing Address:

132 HURON AVE
TAMPA, FL 33606 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, FELICIA M
10602 WILD MEADOW WAY
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

ANDERSON, FELICIA M
132 HURON AVE
TAMPA, FL 33606 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:

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ANDERSON, FELICIA M
Address: 10602 WILD MEADOW WAY
City-St-Zip: TAMPA, FL 33626 US

Title: MGRM () Delete
Name: ANDERSON, SCOTT D
Address: 10602 WILD MEADOW WAY
City-St-Zip: TAMPA, FL 33626 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ANDERSON, FELICIA M
Address: 132 HURON AVE
City-St-Zip: TAMPA, FL 33606 US

Title: MGRM (X) Change () Addition
Name: ANDERSON, SCOTT D
Address: 132 HURON AVE
City-St-Zip: TAMPA, FL 33606 US

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: FELICIA ANDERSON

MGRM

04/29/2009

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