

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049187

FILED  
May 08, 2007  
Secretary of State

Entity Name: ANDOVER BUSINESS GROUP LLC

**Current Principal Place of Business:**

2028 SHEPHERD RD., #120  
MULBERRY, FL 338608699

**New Principal Place of Business:**

**Current Mailing Address:**

2028 SHEPHERD RD., #120  
MULBERRY, FL 338608699

**New Mailing Address:**

FEI Number: 87-0770207      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:**

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

STARR, MICHAEL T  
1465 ROYAL FOREST PLACE  
LAKELAND, FL 33811 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:**

Title: MGRM ( ) Delete  
Name: STARR, MICHAEL T  
Address: 1465 ROYAL FOREST PLACE  
City-St-Zip: LAKELAND, FL 33811

Title: MGRM ( ) Delete  
Name: AARON ALLEN, LARRY  
Address: 6415 CAY CIRCLE  
City-St-Zip: ORLANDO, FL 32809

**ADDITIONS/CHANGES:**

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 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: MICHAEL T. STARR

MGRM

05/08/2007

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