

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068752

Entity Name: CENTRAL ANDERSON, LLC

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

2600 DOUGLAS ROAD, SUITE 604
C/O REGISTER & COMPANY, P.A.
CORAL GABLES, FL 33134

Current Mailing Address:

2600 DOUGLAS ROAD, SUITE 604
C/O REGISTER & COMPANY, P.A.
CORAL GABLES, FL 33134

New Principal Place of Business:

2600 S. DOUGLAS ROAD, SUITE 604
C/O REGISTER & COMPANY, P.A.
CORAL GABLES, FL 331346100

New Mailing Address:

2600 S. DOUGLAS ROAD, SUITE 604
C/O REGISTER & COMPANY, P.A.
CORAL GABLES, FL 331346100

FEI Number: 20-5249987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARON QUINN DIXON
2200 MUSEUM TOWER, 150 WEST FLAGLER STREET
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

SHARON QUINN DIXON
150 WEST FLAGLER STREET
2200 MUSEUM TOWER
MIAMI, FL 33130 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:

03/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RUST, ROBERT W
Address: 2600 DOUGLAS RD STE 604
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RUST, ROBERT W
Address: 2600 S. DOUGLAS RD STE 604
City-St-Zip: CORAL GABLES, FL 331346100

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: ROBERT W. RUST

MGRM

03/20/2009

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