
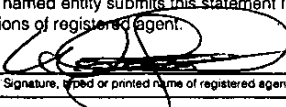
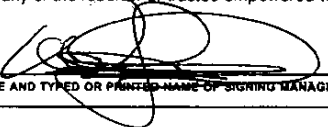


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90140 008 \*\*\*\*50.00

|   |  |                     |   |  |   |
|---|--|---------------------|---|--|---|
| <b>DOCUMENT # L06000085701</b><br>1. Entity Name<br><b>ANDERSON &amp; BADGLEY, PL</b>   |  |                     |   |   |   |
| Principal Place of Business<br><b>1270 ORANGE AVENUE<br/>SUITE D<br/>WINTER PARK, FL 32789 US</b>   |  |                     | Mailing Address<br><b>1270 ORANGE AVENUE<br/>SUITE D<br/>WINTER PARK, FL 32789 US</b> |  |   |
| 2. Principal Place of Business - No P.O. Box #  |  | 3. Mailing Address  |   |  |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc. |   |  |   |
| City & State  |  | City & State        |   |  |   |
| Zip   | Country  | Zip                 | Country   |  |   |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>WENDY ANDERSON, P.A.<br/>1270 ORANGE AVENUE<br/>SUITE D<br/>WINTER PARK, FL 32789</b>  |  |                     |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |   |
| <b>8. 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. I am familiar with, and accept the obligations of registered agent.</b><br>SIGNATURE  <b>Wendy Anderson President</b> <span style="float: right;">2/5/07</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |                     |   | Applied For<br><input checked="" type="checkbox"/> Not Applicable  |   |
| <b>4. FEI Number</b><br><b>20-5468351</b>   |  |                     |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                   |   |
| <b>Filing Fee is \$50.00 Due by May 1, 2007</b>   |  |                     |   | <b>Make check payable to Florida Department of State</b>   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |                     |   | <b>10. ADDITIONS/CHANGES</b>   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>WENDY ANDERSON, P.A.<br>1270 ORANGE AVENUE, SUITE D<br>WINTER PARK, FL 32789 <input type="checkbox"/> Delete         |                     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>JEFFREY S. BADGLEY, P.L.L.C.<br>1270 ORANGE AVENUE, SUITE D<br>WINTER PARK, FL 32789 <input type="checkbox"/> Delete |                     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.</b>   |  |                     |   |  |   |
| <b>SIGNATURE:</b>  <b>President of Wendy Anderson, P.A.</b> <span style="float: right;">2/5/07</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |                     |   |  |   |