

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000086045

Entity Name: JENNINGS ANDERSON, LLC

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1415 STICKLEY DRIVE  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

1415 STICKLEY DRIVE  
CELEBRATION, FL 34747

**New Mailing Address:**

FEI Number: 20-5473404

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WADDELL, ERIC J  
1420 CELEBRATION BLVD  
CELEBRATION, FL 34747 US

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

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: MGR  
Name: WADDELL, ERIC J  
Address: 1415 STICKLEY DRIVE  
City-St-Zip: CELEBRATION, FL 34747

Title: MGR  
Name: WADDELL, EDITH A  
Address: 1415 STICKLEY DRIVE  
City-St-Zip: CELEBRATION, FL 34747

Title: MS  
Name: WADDELL, JESSICA S  
Address: 7160 OLD TROY PIKE  
City-St-Zip: HUBER HEIGHTS, OH 45424

Title: MR  
Name: WADDELL, ERIC Y  
Address: 7160 OLD TROY PIKE  
City-St-Zip: HUBER HEIGHTS, OH 45424

Title: MR  
Name: BORDERS, MICHAEL J  
Address: 1415 STICKLEY AVENUE  
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM  
Name: JENNINGS ANDERSON, LLC  
Address: 1415 STICKLEY AVENUE  
City-St-Zip: CELEBRATION, FL 34747

I hereby 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: EDITH A WADDELL

MGM

04/27/2012

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