2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091797

Entity Name: ANDERSON ASSOCIATES OF ORLANDO, LLC

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

904 KNOLLWOOD DRIVE DAVENPORT, FL 33837

Current Mailing Address: New Mailing Address:

904 KNOLLWOOD DRIVE DAVENPORT, FL 33837

FEI Number: 98-0511395 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ANDERSON, PETER ELF MANAGEMENT LLC
904 KNOLLWOOD DRIVE 864 1ST ST SOUTH
DAVENDROOT, FL 23237 LLC

DAVENPPORT, FL 33837 US WINTER HAVEN, FL 33880 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: CHRISTINA L. HANSEN 04/14/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGR (X) Change () Addition

 Name:
 ANDERSON, PETER
 Name:
 ANDERSON, RACHEL

 Address:
 904 KNOLLWOOD DRIVE
 Address:
 904 KNOLLWOOD DRIVE

 City-St-Zip:
 DAVENPORT, FL 33837 US
 City-St-Zip:
 DAVENPORT, FL 33837 US

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 ANDERSON, RACHEL
 Name:

 Address:
 904 KNOLLWOOD DRIVE
 Address:

 City-St-Zip:
 DAVENPORT, FL 33837 US
 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: RACHEL ANDERSON MGR 04/14/2009