2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
May 07, 2008 8:00 am
Secretary of State
05-07-2008 90015 002 ***138.75

DOCUMENT # L06000098340

1. Entity Name
ANLAN, LLC

Principal Place of Business	Mailing Address
4910 LEMON BAY DRIVE VENICE FL 34293	4910 LEMON BAY DRIVE VENICE FL 34293

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1749 Walker Trail		PO Box 212	
Suite, Apt. #, etc. Sevierville,		Suite, Apt. #, etc.	
City & State TN		City & State Pigeon Forge, TN	
Zip 37876	Country Sevier	Zip 37868	Country Sevier

4. FEI Number 20-588 6735 ~~APPLIED FOR~~ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

VANDER WULP, SHARON S
227 NOKOMIS AVENUE S.
VENICE FL 34285

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CALDWELL, ROLAND G SR. TRUSTEE, 4910 LEMON BAY DRIVE VENICE FL 34293 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CO-MGR Caldwell, Roland G Sr. Co-TRUSTEE, PO Box 212 Pigeon Forge, TN 37868 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CO-MRG Caldwell, Annette Co-TRUSTEE, PO Box 212 Pigeon Forge, TN 37868 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: [signature] 4/21/08 865-428-6727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE: Roland G. Caldwell Sr. Co-MGR. — Date — Daytime Phone #