

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000108176

1. Entity Name
JJ ANDERSON REAL ESTATE HOLDINGS, LLC



Principal Place of Business

**5249 NW 89TH DRIVE
CORAL SPRINGS, FL 33067**

Mailing Address

**5249 NW 89TH DRIVE
CORAL SPRINGS, FL 33067**



04172008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5843444

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, JACK R
5249 NW 89TH DRIVE
CORAL SPRINGS, FL 33067**

**DO NOT WRITE
IN THIS SPACE**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ANDERSON, JACK R
5249 NW 89TH DRIVE
CORAL SPRINGS, FL 33067**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ANDERSON, JULIE
5249 NW 89TH DRIVE
CORAL SPRINGS, FL 33067**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

000000918360
05/13/08-80080-004 138.75

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Jack R. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/17/08

Date

561-715-8309

Daytime Phone #