

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000086853

Entity Name: ANDERSEN FLORIDA, LLC

FILED
Jan 11, 2008
Secretary of State

Current Principal Place of Business:

26 LAW DRIVE
FAIRFIELD, NJ 070046362

New Principal Place of Business:

10101 U.S. HIGHWAY 41 N.
PALMETTO, FL 342218822

Current Mailing Address:

P.O. BOX 10362
FAIRFIELD, NJ 070046362

New Mailing Address:

10101 U.S. HIGHWAY 41 N.
PALMETTO, FL 342218822

FEI Number: 26-0814750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSEN, DANIEL P
11537 ANDY ROSSE LANE
CAPTIVA, FL 33924 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: MGRM () Delete
Name: ANDERSEN, DANIEL P
Address: 26 LAW DRIVE, PO BOX 10362
City-St-Zip: FAIRFIELD, NJ 070046362

Title: MGRM () Delete
Name: ANDERSEN, JOHN C
Address: 26 LAW DRIVE, PO BOX 10362
City-St-Zip: FAIRFIELD, NJ 070046362

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ANDERSEN, DANIEL P
Address: 368 PASSAIC AVENUE, PO BOX 10362
City-St-Zip: FAIRFIELD, NJ 070046362

Title: MGRM (X) Change () Addition
Name: ANDERSEN, JOHN C
Address: 368 PASSAIC AVENUE, PO BOX 10362
City-St-Zip: FAIRFIELD, NJ 070046362

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: DANIEL P ANDERSEN

MGRM

01/11/2008

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