


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90222 001 \*\*\*143.75

<b>DOCUMENT # L07000125054</b> 1. Entity Name <b>ANNE ENTERPRISES OF CENTRAL FLORIDA, LLC</b>					
Principal Place of Business <b>639 LANCE COURT OVIEDO, FL 32765</b>			Mailing Address <b>639 LANCE COURT OVIEDO, FL 32765</b>		
2. Principal Place of Business - No P.O. Box # <b>73 Alafaya Woods Blvd</b>			3. Mailing Address <b>73 Alafaya Woods Blvd</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State <b>Oviedo FL</b>			City & State <b>Oviedo FL</b>		
Zip <b>32765</b>		Country <b>USA</b>		Zip <b>32765</b>	
Country <b>USA</b>		4. FEI Number <b>33-1195089</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>STEIN, W. JEFFREY ESQ. C/O STEIN, SONNENCHEIN, ET AL. 1420 ALAFAYA TRAIL, SUITE 101 OVIEDO, FL 32765</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM NORTH, MARIANNE M 639 LANCE COURT OVIEDO, FL 32765</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MENZEL, CHERIE 639 LANCE COURT OVIEDO, FL 32765</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 606, Florida Statutes.					
<b>SIGNATURE:</b> <u>Cherie Menzel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>4/12/08</u> <small>Date</small>		<u>407-366-0002</u> <small>Daytime Phone #</small>

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