2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# L08000009928

Entity Name: ANNYA, LLC

Current Principal Place of Business:

45 CARD SOUND DR.
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

45 CARD SOUND DR.
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 80-0144386 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICHOLAS, CSENDES
45 CARD SOUND DR.
KEY LARGO, FL 33037 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:	CSENDES, NICHOLAS	
Address:	45 CARD SOUND DR.	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	MGRM	( ) Delete
Name:	CSENDES, MARLENE	
Address:	45 CARD SOUND DR.	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	MGRM	( ) Delete
Name:	CSENDES, EMILY	
Address:	45 CARD SOUND DR.	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	MGRM	( ) Delete
Name:	CSENDES, CHRISTOPHER	
Address:	45 CARD SOUND DR.	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	MGRM	( ) Delete
Name:	CSENDES, ROBERT	
Address:	45 CARD SOUND DR.	
City-St-Zip:	KEY LARGO, FL 33037	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: PAUL QUAST MGR 01/20/2009

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