

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000608

Entity Name: J H ANDERSON HOLDINGS, LLC

FILED
Apr 09, 2006
Secretary of State

Current Principal Place of Business:

1822 EDGEWOOD AVE SOUTH
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

300 INTERLAKEN AVE APT 204
WINTER PARK, FL 32789 US

Current Mailing Address:

PO BOX 460430
FORT LAUDERDALE, FL 333460430 US

New Mailing Address:

FEI Number: 65-0915323 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLEFSSEN, KRISTINE A
3345 OAK DRIVE
HOLLYWOOD, FL 33021 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: MGR () Delete
Name: ANDERSON, JOHN H
Address: 1822 EDGEWOOD AVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32205

Title: MGRM () Delete
Name: JH ANDERSON HOLDINGS, , INC.
Address: 1822 EDGEWOOD AVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ANDERSON, JOHN H
Address: 300 INTERLAKEN AVE APT 204
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM (X) Change () Addition
Name: JH ANDERSON HOLDINGS, , INC.
Address: 300 INTERLAKEN AVE APT 204
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN H ANDERSON

MGR

04/09/2006

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