


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90292 021 \*\*\*\*55.00

<b>DOCUMENT # L99000001306</b>	
1. Entity Name <b>EDDIE ANDERSON MOTORS, L.L.C.</b>	

Principal Place of Business <b>4504 SOUTH FLORIDA AVENUE LAKELAND FL 33813</b>	Mailing Address <b>4504 SOUTH FLORIDA AVENUE LAKELAND FL 33813</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

MOORE CR2E083 (11/03)

4. FEI Number <b>59-3560502</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>ANDERSON, ROBERT E JR. 4504 SOUTH FLORIDA AVENUE LAKELAND FL 33813</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

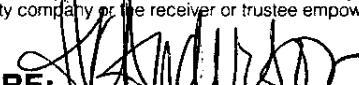
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERSON, ROBERT E JR. 6915 RED FOX RUN LAKELAND FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERSON, ROBERT E. JR. 3004 Ewell Rd Lakeland Fl. 33811 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition mailing: PO Box 7066 LKld Fl. 33807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERSON, HEIDI KAY 6915 RED FOX RUN LAKELAND FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERSON, HEIDI KAY 3004 Ewell Rd Lakeland Fl. 33811 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition mailing: PO Box 7066 LKld Fl. 33807
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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 exemption stated in Section 119.07(3)(i), 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:**  **HEIDI KAY ANDERSON** **1/27/2004** **(863)6473538**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #