

2001 UNIFORM BUSINESS REPORT (UBR)

0031232 AB

DOCUMENT # M00000000879

1. Entity Name
ANADROME DESIGN, L.L.C.

FILED

2001 MAY -2 PM 3:20

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5005 CALLE LA VELA
TUCSON AZ 85718

Mailing Address
5005 CALLE LA VELA
TUCSON AZ 85718

2. Principal Place of Business
19 HIDDEN HARBOUR DRIVE
Suite, Apt. #, etc.

3. Mailing Address
19 HIDDEN HARBOUR DRIVE
Suite, Apt. #, etc.

City & State
GULFSTREAM, FL

City & State
GULFSTREAM, FL

4. FEI Number
86-0905865

Applied For
Not Applicable

Zip
33483

Country
USA

Zip
33483

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BURNS, ROBERT
3232 GULFSTREAM RD.
GULFSTREAM FL 33483

7. Name and Address of New Registered Agent
Name
RANDALL G. GIBSON
Street Address (P.O. Box Number is Not Acceptable)
19 N. HIDDEN HARBOUR DRIVE
City
GULF STREAM FL Zip Code
33483

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.

SIGNATURE Randall G. Gibson MANAGER, April 30th, 01
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent Signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER RANDALL GIBSON 19 HIDDEN HARBOUR DRIVE GULFSTREAM, FL 33483 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER LOUISE KNICKERBOCKER GIBSON 19 HIDDEN HARBOUR DRIVE GULFSTREAM, FL 33483 <input type="checkbox"/> Change <input checked="" 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	300004334533--6 -05/30/01--01078--010 *****50.00 *****50.00 <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 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: Randall G. Gibson MANAGER, 04/30/01 (561) 265-3505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)