

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90419 023 ****50.00

DOCUMENT # M04000001793					
1. Entity Name ANC MANAGEMENT LLC					
Principal Place of Business 4445 NORTH A-1-A #235 VERO BEACH, FL 32963			Mailing Address 4445 NORTH A-1-A #235 VERO BEACH, FL 32963		
2. Principal Place of Business 817 BEACHLAND BLVD		3. Mailing Address P.O. BOX 1730			
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc.			
City & State Vero Beach FL		City & State Vero Beach FL			
Zip 32963		Zip 32961			
Country U.S.A.		Country U.S.A.		03112005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 13-3015597				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent MITCHELL, IVAR W 4445 NORTH A-1-A #235 VERO BEACH, FL 32963			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 817 BEACHLAND BLVD Suite B Vero Beach FL 32963		
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: <u>IVAR W. MITCHELL</u> <u>IVAR W. MITCHELL, Registered Agent</u> <u>3/27/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete GERHARD R. ANDLINGER IRREVOCABLE TRUST 4445 NORTH A-1-A #235 VERO BEACH, FL 32963		TITLE NAME STREET ADDRESS CITY-ST-ZIP	GERHARD R. ANDLINGER JR. TRUST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 817 BEACHLAND BLVD VERO BEACH FL 32963	
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	
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: <u>STEVE A. MAGNUS, Trustee</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>3/24/05</u> Daytime Phone #: <u>(772) 234-4998</u>		