



Form Revision Date 07/2016

## ANNUAL STATEMENT

(Required by Section 207, Act 23, Public Act of 1993)

Identification Number: 802352086

Annual Statement Filing Year: 2020

1. Limited Liability Company Name:  
ANDERSON APARTMENTS, LLC

2. The street address of the limited liability company's registered office and name of the resident agent at that office:

1. Resident Agent Name: THOMAS W. BREakey  
2. Street Address: 321 WOODLAND PASS STE 100  
Apt/Suite/Other:  
City: EAST LANSING  
State: MI Zip Code: 48823

3. Mailing address of the registered office:

P.O. Box or Street  
Address:  
Apt/Suite/Other:  
City:  
State: Zip Code:

This annual statement must be signed by a member, manager, or an authorized agent.

Signed this 13th Day of February, 2020 by:

Signature	Title	Title if "Other" was selected
THOMAS BREakey	Member	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

Decline  Accept

***MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS***

***FILING ENDORSEMENT***

***This is to Certify that the*** 2020 ANNUAL STATEMENT

***for***

ANDERSON APARTMENTS, LLC

***ID Number:*** 802352086

***received by electronic transmission on*** February 13, 2020 ***, is hereby endorsed.***

***Filed on*** February 13, 2020 ***, by the Administrator.***

***The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.***



***In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 13th day of February, 2020.***

*Linda Clegg*

***Linda Clegg, Interim Director***

***Corporations, Securities & Commercial Licensing Bureau***