

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003102

Entity Name: ANCHOR AVIATION, LLC

FILED
Jul 06, 2005
Secretary of State

Current Principal Place of Business:

110 EMERALD RIDGE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

20 SOUTH BROAD STREET
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 20-0579799 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

THE HOGAN LAW FIRM
20 SOUTH BROAD STREET
BROOKSVILLE, FL 34601 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: MGRM () Delete
Name: SMITH, RICKEY J
Address: 110 EMERALD RIDGE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM () Delete
Name: SMITH, JULIE A
Address: 110 EMERALD RIDGE
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SMITH, RICKEY J
Address: 227 LINCOLN ROAD
City-St-Zip: TYRONE, GA 30290

Title: MGRM (X) Change () Addition
Name: SMITH, JULIE A
Address: 227 LINCOLN ROAD
City-St-Zip: TYRONE, GA 30290

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RICKEY J. SMITH

MGRM

07/06/2005

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