


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-12-2005 90013 044 ****55.00

DOCUMENT # L04000052124

1. Entity Name
ANCHORRESERVATIONS, LLC



Principal Place of Business Mailing Address
7696 S.E. BAY CEDAR CIR. **7696 S.E. BAY CEDAR CIR.**
HOBE SOUND FL 33455 **HOBE SOUND FL 33455**



2. Principal Place of Business 3. Mailing Address
7696 SE BAY CEDAR CIR **7696 SE BAY CEDAR CIR**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E083 (10/04)

City & State City & State
HOBE SOUND FL **HOBE SOUND FL**

Zip Country Zip Country
33455 **MARTIN** **33455** **MARTIN**

4. FEI Number Applied For
51 051 7140 Not Applicable

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

6. Name and Address of Current Registered Agent
CARACAPPA, MARIO A
7696 S.E. BAY CEDAR CIR.
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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: *Mario A Caracappa* DATE: **4/06/05**
(NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Mario A Caracappa* DATE: **4/06/05** DAYTIME PHONE: **772-463-2981**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE