


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-07-2006 90065 005 *****5.00
 07-17-2006 90043 014 *****45.00

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.

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

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

4. FEI Number Applied For
51-0517140 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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> P CARACAPPA, MARIO A 7696 SE BAY CEDAR CIR HOBE SOUND FL 33455	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
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"/> Change <input type="checkbox"/> Addition
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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 exemptions contained in Section 119, 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: *7/10/06* Daytime Phone #: *772 2889805*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE