
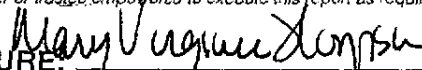


FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000001148		Secretary of State	
1. Entity Name ANCHOR INVESTMENTS OF LONGBOAT KEY, LTD.			
Principal Place of Business 801 LONGBOAT CLUB ROAD LONGBOAT KEY, FL 34228		Mailing Address 801 LONGBOAT CLUB ROAD LONGBOAT KEY, FL 34228	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent THOMPSON, SYLVIA M 801 LONGBOAT CLUB ROAD LONGBOAT KEY, FL 34228		4. FEI Number 65-1036306 Applied For Not Applicable	
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Name		Applied For	
Street Address (P.O. Box Number is Not Acceptable)		Not Applicable	
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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. \$16,821,142.00		10. Amount of Capital Contributions in FLORIDA to date. \$16,821,142.00	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P00000069734 J. & S. THOMPSON ENTERPRISES, INC. 801 LONGBOAT CLUB ROAD LONGBOAT KEY, FL 34228	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes			
SIGNATURE: 		Mary Virginia Thompson, Pres 2/7/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date 941-387-0810	