

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT #A02000001708					
1. Entity Name A & M SECURITY, LTD.					
Principal Place of Business 500 SOUTH FLORIDA AVENUE SUITE 700 LAKELAND, FL 33801			Mailing Address 500 SOUTH FLORIDA AVENUE SUITE 700 LAKELAND, FL 33801		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 92-0187010	
5. Certificate of Status Desired				Applied For Not Applicable	
01312007 Chg-LP CR2E003 (12/06)				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AIRTH, HAL A JR. 500 SOUTH FLORIDA AVENUE SUITE 800 LAKELAND, FL 33801			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
DATE _____					
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00					
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	ANCHOR MANAGEMENT, LLC 500 SOUTH FLORIDA AVENUE LAKELAND, FL 33801		STREET ADDRESS CITY-ST-ZIP	11000000748262 05/17/07-80057-021 508.75	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: <i>Kim S. Kelley</i> _____ Kim S. Kelley			4/26/07 863-647-1581 Date Daytime Phone #		

STAPLE CHECK HERE