

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L00000015409

1. Entity Name  
ANCHORAGE COMPANY, L.L.C.



**FILED**  
**Sep 06, 2006 08:00 AM**  
**Secretary of State**

Principal Place of Business  
1245 PERIWINKLE WAY  
SANIBEL FL 33957

Mailing Address  
3038 SHELBURNE RD  
SHELBURNE VT 05482



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/06)

City & State

City & State

4. FEI Number 65-1060802

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPILLANE, LOWELL T  
592 LIGHT HOUSE WAY  
SANIBEL FL 33957

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 6, 2006**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
SPILLANE, LOWELL T  
592 LIGHTHOUSE WAY  
SANIBEL FL 33957 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
U000000576229  
09/06/06-80002-020 55.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
SPILLANE, SUSAN G  
592 LIGHTHOUSE WAY  
SANIBEL FL 33957 ☐ Delete

TITLE  
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CITY - ST - ZIP  
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11. 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 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: Susan G. Spillane SUSAN G SPILLANE 8-17-06 (802) 985-8002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #