

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007961

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: ANCHE INVESTMENTS, LLC

**Current Principal Place of Business:**

1620 SE 10TH STREET  
FORT LAUDERDALE, FL 33316 US

**New Principal Place of Business:**

**Current Mailing Address:**

1620 SE 10TH STREET  
FORT LAUDERDALE, FL 33316 US

**New Mailing Address:**

FEI Number: 65-1103150

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUNTINGTON, ANDREW L CPA  
9999 N.E. 2ND AVENUE  
SUITE 214  
MIAMI SHORES, FL 33138 US

**Name and Address of New Registered Agent:**

HUNTINGTON, ANDREW L CPA  
253 NE 100 STREET  
MIAMI SHORES, FL 33138 US

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.

SIGNATURE: ANDREW L. HUNTINGTON, CPA

04/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DINOS, ANTHONY E  
Address: 1620 SE 10TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33316 US

Title: MGRM ( ) Delete  
Name: BURR, CHERYL A  
Address: 1620 SE 10TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33316 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHERYL BURR

MGRM

04/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date