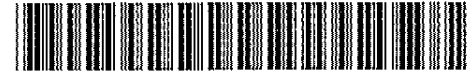


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000008101	
1. Entity Name ANCHORAGE OF INDIAN SHORES, LLC	



Principal Place of Business 20001 GULF BLVD #5 INDIAN SHORES FL 33785	Mailing Address 20001 GULF BLVD #5 INDIAN SHORES FL 33785
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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

1st MOORE CR2E083 (10/06)

4. FEI Number 59-3720877 ☐ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent PAGE, STEVE 2001 GULF BLVD. #5 INDIAN ROCKS BEACH FL 33785	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 May 1, 2007	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Add

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: _____ *MAJ.* **1/29/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #