

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90079 001 \*\*\*\*55.00

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<b>DOCUMENT # L01000019613</b> 1. Entity Name <b>ANCHOR CONSTRUCTION ENTERPRISES, LLC</b>					
Principal Place of Business <b>809 SOUTH SAFFORD STREET, UNIT B TARPON SPRINGS, FL 34689</b>			Mailing Address <b>POST OFFICE BOX 2208 TARPON SPRINGS, FL 34688-2208</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>01-0607243</b>	
Zip      Country		Zip      Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MILONAS, TASO M 1800 SECOND STREET, SUITE 884 SARASOTA, FL 34236</b>				7. Name and Address of New Registered Agent Name <b>James Boutzoukas</b> Street Address (P.O. Box Number is Not Acceptable) <b>809 South Safford Ave</b> City <b>Tarpon Springs</b> <b>FL</b> Zip Code <b>34689</b>	
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 <b>James Boutzoukas</b> Member <b>2/28/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOUTZOUKAS, JAMES 1761 ROYAL OAK PLACE WEST DUNEDIN, FL 34698	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOKKINOS, NICK 716 VIRGINIA AVENUE TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <b>James Boutzoukas</b> <b>2-28-07</b> <b>727 945-8498</b> <small>Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		