2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State
01-19-2005 90026 020 ****50.00

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01162005 Chg-LLC CR2E083 (10/03)

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1. Entity Name
ANCHOR V, L.L.C.

Principal Place of Business	Mailing Address
412 APACHE LANE SEFFNER, FL 33584	PO BOX 795 SEFFNER, FL 33583

2. Principal Place of Business	3. Mailing Address
6040 W. Ainsley Ct.	P.O. Box 641077
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crystal River, FL	City & State: Beverly Hills, FL
Zip: 34429 Country: USA	Zip: 34464 Country: USA

4. FEI Number: 03-0441606 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REIBER, JACOB I
26650 STATE ROAD 54
LUTZ, FL 33559

7. Name and Address of New Registered Agent

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

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAPPUCCILLI, JOSEPH 412 APACHE LANE SEFFNER, FL 33584 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Cappuccilli, Joseph 6040 W. Ainsley Ct. Crystal River, FL 34429 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 1/16/05 352-795-2951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #