

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90155 043 \*\*\*\*50.00

<b>DOCUMENT # L02000014757</b> 1. Entity Name <b>ANCHOR COVE, LLC</b>					
Principal Place of Business <b>5346 SW 91ST TERRACE GAINESVILLE, FL 32608</b>			Mailing Address <b>5346 SW 91ST TERRACE GAINESVILLE, FL 32608</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent  <b>KRAMER, ROBERT B 5201 SW 91ST DRIVE GAINESVILLE, FL 32608</b>				7. Name and Address of New Registered Agent Name <u>Coffey, C. David</u> Street Address (P.O. Box Number is Not Acceptable) <u>5346 SW 91st Terr.</u> City <u>Gainesville</u> <u>FL</u> Zip Code <u>32608</u>	
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 <u>C. David Coffey</u> <u>Manager</u> DATE <u>3-28-05</u> <small>(Signature typed over typed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when changing)</small>					
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	MGRM COFFEY, C. DAVID 5346 SW 91ST TERR GAINESVILLE, FL 32608			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
manager Coffey, C. David 5346 SW 91st Terr. Gainesville FL 32608				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Title	
Member MGRM Kramer, Robert B. 5346 SW 91st Terr. Gainesville, FL 32608				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
Member MGRM Fleeman, Jeffrey 5346 SW 91st Terr. Gainesville, FL 32608				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
(Empty row for additional members)				(Empty row for additional changes)	
(Empty row for additional members)				(Empty row for additional changes)	
(Empty row for additional members)				(Empty row for additional changes)	
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: <u>C. David Coffey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>3-28-05</u> Daytime Phone # <u>352-335-8442</u>	

*C. David Coffey, Managing Member*