2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 03, 2004 8:00 am Secretary of State DOCUMENT # L02000017716 05-03-2004 90142 004 ****55 00 ANCHOR MANAGEMENT, LLC Principal Place of Business Mailing Address 500 SOUTH FLORIDA AVE., STE. 700 500 SOUTH FLORIDA AVE., STE. 700 24064097 LAKELAND, FL 33801 LAKELAND, FL 33801 CR2E083 (10/03) 01152004 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 74-3051720 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AIRTH, H. ADAM DO NOT WRITE 500 SOUTH FLORIDA AVE., STE. 700 LAKELAND FL 33801 IN THIS SPACE 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 SIGNATURE Signature! typed or printed name of registered agent and et applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. MGR TITLE . NAME ANCHOR INVESTMENT CORPORATION OF FLORIDA STREET ADDRESS 500 S FLORIDA AVE., STE 700 CITY-\$1-ZIP LAKELAND, FL 33807 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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: 9 NING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY_ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

Kim S. Kelley