

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029669

FILED
Mar 23, 2005
Secretary of State

Entity Name: ANKOR PROPERTIES L.L.C.

Current Principal Place of Business:

15576 SW 17TH STREET
DAVIE, FL 33326

New Principal Place of Business:

226 VISTA VERDI ROAD
DAVIE, FL 33325

Current Mailing Address:

226 VISTA VERDI ROAD
DAVIE, FL 33325

New Mailing Address:

1900 SOUTH OCEAN BLVD.
UNIT 15B
LAUDERDALE BY THE SEA, FL 33062

FEI Number: 59-3762261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 323010000 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KRIETE, KATHLEEN
Address: 15576 SW 17TH STREET
City-St-Zip: DAVIE, FL 33326

Title: MGRM () Delete
Name: SETTEMBRINO, ANDREA
Address: 226 VISTA VERDI ROAD
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SETTEMBRINO, ANDREA
Address: 1214 S.E. 10TH TERRACE
City-St-Zip: DEERFIELD, DE 33441

Title: MGRM (X) Change () Addition
Name: KRIETE, KATHLEEN
Address: 1900 S. OCEAN BLVD., 15-B
City-St-Zip: LAUDERDALE BY THE SEA, DE 33062

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KATHLEEN KRIETE

KAT

03/23/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date