FILED Apr 30, 2007 08:00 A Secretary of State

2007 LIMITED LIABILITY COMPAN ANNUAL REPORT	1Y

Management Man	1. Entity Nam	MENT # L0300001				Secretary of
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Suite Address of New Registered Agant Name Sitest Address (P.O. Box Number is Not Acceptable) Sitest Address (P.O. Box Number is Not Acceptable) City FL Zip Code LakeLAND, FL Zip Code City LakeLAND, FL Zip Code Additional from template with and acceptable to Florida. I sim templiar with, and acceptable to Florida Department of State City LakeLAND, FL Zip Code Additional from template and Address of New Registered Agant ACHOR INVESTMENT CORPORATION OF FLA Similar Addition Name ACHORIAND, FL Zip Code	500 SOUTH	FLORIDA AVENUE	500 SOUTH FLORIDA SUITE 700			
City & State Ci	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address			
Zip Country Zip Country Sign Country Sign Country Sign Country S. Certificate of Status Desired Sign Sign Status Desired Sign Sign Status Desired Sign Sign Sign Address of Current Registered Agent 7. Name and Address of Name Address of Current Registered Agent 7. Name and Address of Name Required Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Address of Name Registered Agent 8. The above Sign Sign Sign Sign Sign Sign Sign Sign	Suite, Apt. #, etc. Sui		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01312007 Chg-LLC CR2E083 (12/06)
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AIRTH, HAL A JR \$00 SOUTH FLORIDA AVENUE SUITE 800 LAKELAND, FL 33801 8. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Proride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Proride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Proride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Proride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Proride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Proride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Proride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Proride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Proride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Proride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Proride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Proride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Proride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Proride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Proride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Proride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Proride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Proride. I am familiar with, and accept the obligations of registered agent, or both, in the State of Proride. I am	Zip	Country	Zip	Coun	try	5 Cartificate of Status Desired \$5.00 Additional
AIRTH, HALA A JR 500 SOUTH FLORIDA AVENUE SUITE 800 LAKELAND, FL 33801 City FL Zip Code City FL Zip		6. Name and Address of Curre	nt Registered Agent			7. Name and Address of New Registered Agent
SOUTH FLORIDA AVENUE SUITE 800 LAKELAND, FL 33801 City FL Zip Code City FL Zip Cod	AIRTH HA	ALA JR			Name	
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	500 SOUT	'H FLORIDA AVENUE			Street Address	ss (P.O. Box Number is Not Acceptable)
B. The above named entity submits this statement for the purpose of changing its registered office or registered eigent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Speaker, typed or private name of ingustand agent and the if applicable. (NOTE Registered Agent applicable in Park Speaker) PHIIng Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS /MANAGERS 10. ADDITIONS/CHANGES TITLE MGR ANCHOR INVESTMENT CORPORATION OF FLA NAME ANCHOR INVESTMENT CORPORATION OF FLA NAME SIRRET ADDRESS CITY-ST-2P TITLE MAKE SIR	LAKELANI	D, FL 33801			City	₽
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P. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE NAME ANCHOR INVESTMENT CORPORATION OF FLA SIREET ADDRESS CITY-ST-2P TITLE NAME STREET A	SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	TE: Registere	d Agent signature require	uired when reinstating) DATE
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11. I hereby certify that the information supplied with this filling 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	11. I hereby o	I certify that the information supplied v	rith this filing does not qualify fo	or the exe	motions contained	ed in Chapter 119, Florida Statutes. I further certify that the information