

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

06 MAY -4 PM 12: 20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L03000044199

1. Entity Name
ANCHORAGE SOUTH, LLC



Principal Place of Business
**390 ALTON ROAD, SUITE 3
MIAMI BEACH, FL 33139**

Mailing Address
**390 ALTON ROAD, SUITE 3
MIAMI BEACH, FL 33139**

DO NOT WRITE IN THIS SPACE

03142006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
47-0935046

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 33311-4132**

**DO NOT WRITE
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 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, 2006**

100075878591
06/06/06--01023--001 **\$50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
EVERHARD, SUSAN
390 ALTON ROAD, SUITE 3
MIAMI BEACH, FL 33139**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/17/06

Date

(305) 532-8600

Daytime Phone # **X/119**