2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 17, 2006 8:00 am
Secretary of State
07-07-2006 90065 005 *****5.00
07-17-2006 90043 014 ****45.00

DOCUMENT # L04000052124

1. Entity Name
ANCHORRESERVATIONS, LLC

Principal Place of Business	Mailing Address
7696 S.E. BAY CEDAR CIR. HOBE SOUND FL 33455	7696 S.E. BAY CEDAR CIR. HOBE SOUND FL 33455

1st MOORE CR2E083 (10/05)

2. Principal Place of Business		3. Mailing Address	
7696 SE BAY CEDAR CIR		7696 SE BAY CEDAR CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: HOBE SOUND FL		City & State: HOBE SOUND FL	
Zip: 33455	Country: MARTIN	Zip: 33455	Country: MARTIN

4. FEI Number: 51-0517140 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CARACAPPA, MARIO A
7696 S.E. BAY CEDAR CIR.
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CARACAPPA, MARIO A		NAME		
STREET ADDRESS	7696 SE BAY CEDAR CIR		STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL 33455		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Mario A Caracappa 7/06/06 772 2889805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #