# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

7/

**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.<br>HOBE SOUND FL 33455 | 7696 S.E. BAY CEDAR CIR.<br>HOBE SOUND FL 33455 |

| 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 |

1st MOORE CR2E083 (10/05)

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 | 7. Name and Address of New Registered Agent |
|---|---|
| CARACAPPA, MARIO A<br>7696 S.E. BAY CEDAR CIR.<br>HOBE SOUND FL 33455 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ (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<br>NAME: CARACAPPA, MARIO A<br>STREET ADDRESS: 7696 SE BAY CEDAR CIR<br>CITY-ST-ZIP: HOBE SOUND FL 33455 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |

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 7/04/06 772 2889805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #