2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# L04000088554

Entity Name: ANCHOR CHRIS HOEL INSURANCE LLC

Current Principal Place of Business:

600 OHIO AVENUE
LYNN HAVEN, FL 32444 US

New Principal Place of Business:

401 W 14TH ST
STE 4
LYNN HAVEN, FL 32444 US

Current Mailing Address:

600 OHIO AVENUE
LYNN HAVEN, FL 32444 US

New Mailing Address:

401 W 14TH ST
STE 4
LYNN HAVEN, FL 32444 US

FEI Number: 20-2032479 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHRISTMAS, PRISCILLA A
8842 DOROTHY FARRIS ROAD
SOUTHPORT, FL 32409 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: MGR ( ) Delete
Name: CHRISTMAS, PRISCILLA A
Address: 8842 DOROTHY FARRIS ROAD
City-St-Zip: SOUTHPORT, FL 32409 US

Title: MGR ( ) Delete
Name: HOELTZER, LUCILLE
Address: 6511 PINETREE AVENUE
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: HOELZER, LUCILLE S
Address: 6511 PINETREE AVENUE
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

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: PRISCILLA A CHRISTMAS MGR 04/25/2005

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