2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006
Secretary of State

DOCUMENT# L05000029576

Entity Name: 903 ANCHOR, L.L.C.

Current Principal Place of Business:

8828 N.W. 152 TERRACE
MIAMI LAKES, FL 33018

New Principal Place of Business:

19410 ROYAL BIRKDALE DRIVE
HIALEAH, FL 33015

Current Mailing Address:

8828 N.W. 152 TERRACE
MIAMI LAKES, FL 33018

New Mailing Address:

19410 ROYAL BIRKDALE DRIVE
HIALAH, FL 33018

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, STUART A
1601 NORTH FLAMINGO ROAD
PEMBROKE PINES, FL 33018 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/MANAGERS:

Title: MGRM ( ) Delete
Name: SOSA, SEGUNDO SR.
Address: 8828 N.W. 152 TERRACE
City-St-Zip: MIAMI LAKES, FL 33018

Title: MGR ( ) Delete
Name: SOSA, SEGUNDO JR.
Address: 8828 N.W. 152 TERRACE
City-St-Zip: MIAMI LAKES, FL 33018

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SOSA, SEGUNDO SR.
Address: 19410 ROYAL BIRKDALE DRIVE
City-St-Zip: HIALEAH, FL 33015

Title: MGR (X) Change ( ) Addition
Name: SOSA, SEGUNDO JR.
Address: 19410 ROYAL BIRKDALE DRIVE
City-St-Zip: HIALEAH, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SEGUNDO SOSA SR. MGRM 04/13/2006

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