2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L05000085857

Entity Name: ANCHOR ROAD ENTIRETY, LLC

Current Principal Place of Business:

449 TWISTING PINE CIRCLE
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

449 TWISTING PINE CIRCLE
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 20-4145878 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGREGOR, DAVID A
449 TWISTING PINE CIRCLE
LONGWOOD, FL 32779 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: P ( ) Delete
Name: MCGREGOR, DAVID A
Address: 449 TWISTING PINE CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: VP ( ) Delete
Name: MCGREGOR, FAYE
Address: 449 TWISTING PINE CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: VP (X) Change ( ) Addition
Name: MCGREGOR, FAYE S
Address: 449 TWISTING PINE CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Change (X) Addition
Name: MCGREGOR, STEVEN H
Address: 449 TWISTING PINE CIRCLE
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify 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: DAVID MCGREGOR P 03/20/2009

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