2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2006
Secretary of State

DOCUMENT# L05000086722

Entity Name: ANCHORS SMITH GRIMSLEY, PROFESSIONAL LIMITED COMPANY

Current Principal Place of Business:

909 MAR WALT DRIVE
1014
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

909 MAR WALT DRIVE
1014
FORT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 20-3434999 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FOSTER, WILLIAM S
909 MAR WALT DRIVE
1014
FORT WALTON BEACH, FL 32547 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: ANCHORS, LEDON C
Address: 909 MAR WALT DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM ( ) Delete
Name: SMITH & GRIMSLEY,PA,
Address: 909 MAR WALT DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ANCHORS, CECIL L
Address: 909 MAR WALT DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

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

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: CECIL LEDON ANCHORS MGRM 07/10/2006

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