


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90202 032 ****50.00

| | |
|---|---|
| DOCUMENT # L05000103382 |  |
| 1. Entity Name ANCHOR TITLE SERVICES, LLC | |

| | |
|--|--|
| Principal Place of Business 709 WEST AZEELE STREET TAMPA, FL 33606 | Mailing Address 709 WEST AZEELE STREET TAMPA, FL 33606 |
|--|--|

| | |
|--|--|
| 2. Principal Place of Business - No P.O. Box # 5225 8th STREET | 3. Mailing Address 5225 8th STREET |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--|--|
| City & State ZEPHYRHILLS, FL | City & State ZEPHYRHILLS, FL |
| Zip 33542 | Country |
| Zip 33542 | Country |

01162007 Chg-LLC CR2E083 (12/06)

| | |
|------------------------------------|--|
| 4. FEI Number 20-3670866 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent KOMNINOS & FOWKES LAW GROUP, LLC 709 WEST AZEELE STREET TAMPA, FL 33606 | |
| 5225 8th STREET ZEPHYRHILLS, FL 33542 | |

| | |
|--|----------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| 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 _____ |
|-----------------|--|------------|

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KOMNINOS, ATHANASIOS 1937 FIESTA RIDGE COURT TAMPA, FL 33604 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FOWKES, ANTHONY 2122 FLETCHER POINT CIRCLE TAMPA, FL 33613 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Athanasios Komninos*
ATHANASIOS KOMNINOS
MANAGING MEMBER 1/24/07 727-743-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #