

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122071

FILED
Apr 29, 2007
Secretary of State

Entity Name: ANCHOR INVESTMENTS OF FLORIDA, L.L.C.

Current Principal Place of Business:

2721 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563

New Principal Place of Business:

Current Mailing Address:

2721 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHULTZ, KERRY ANNE
2721 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

BORDELON & SCHULTZ LAW FIRM, P.L.
2721 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563 US

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: KERRY ANNE SCHULTZ, ESQUIRE

04/29/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MBR () Delete
Name: STITT, SHEILA
Address: 402 SOUTHEAST SYRCLE DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: MBR () Delete
Name: STITT, BRUCE
Address: 402 SOUTHEAST SYRCLE DRIVE
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STITT, SHEILA
Address: 402 SOUTHEAST SYRCLE DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: MGRM (X) Change () Addition
Name: STITT, BRUCE
Address: 402 SOUTHEAST SYRCLE DRIVE
City-St-Zip: PENSACOLA, FL 32507

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: SHEILA STITT

MGRM

04/29/2007

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