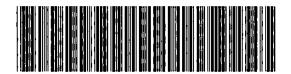
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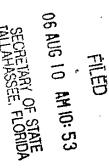
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ANCHOR 2737 CAPITAL C	CIRCLE, LLC Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
KRISTY BANKS (Name of Person)	06 AUG SECT TALLE
C/O ANCHOR REALTY (Firm/Company)	DE AUG 10 AM IO: 54 SECHETARY OF STATE TALLAHAS: SEE. FLORIDA
82 SIXTH STREET	OFFICE STATE OF THE PROPERTY O
(Address)	
APALACHICOLA, FL 32320	
(City/State and Zip Code)	
For further information concerning this matter	ter, please call:
KRISTY BANKS	_ at (<u>850</u>) <u>653-3333</u>
(Name of Person)	(Area Code & Daytime Telephone Number)
, STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	ng amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

The name of the limited liability company is: At	NCHOR 2737 CAPITAL CIRCLE, LLC
2. The mailing address of the limited liability comp	
02/14/2006	L.06000016396
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registere Florida Department of State:	ed office address as shown on the records of the
KRISTY BANKS	<u> </u>
	ame
82 6TH STREET	
Address Eg	
APALACHICOLA, FL 32320 City, State and Zip	
6. The name and address of the new registered agen	ラファー (表現) 「 「
OLIVIER MONOD	THE TOTAL PROPERTY OF THE PARTY
Nar	ne SP U
82 6TH STREET 夏南	
Florida street address (P	O. Box NOT acceptable)
APALACHICOLA F	L 32320
City, State	e and Zip
	e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited
(Signature of a member or authorized representative of a member)	
OLIVIER DUCIMETIERE-MONOD	•
(Printed or typed name of signce)	
I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby donfirm that the limited liability c	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, f my position as registered agent as provided for in d to merely reflect a change in the registered office ompany has been notified in writing of this change.
(Signature of Registered Agent)	-

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (8/05)