


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90026 004 ****50.00

DOCUMENT # L06000020871 1. Entity Name ANCHORHOUSE PUBLISHING COMPANY, LLC					
Principal Place of Business 7815 SE 170TH RUTLEDGE ST. THE VILLAGES, FL 32162 US			Mailing Address 7815 SE 170TH RUTLEDGE ST. THE VILLAGES, FL 32162 US		
2. Principal Place of Business - No P.O. Box # 7815 SE 170TH RUTLEDGE ST Suite, Apt. #, etc.		3. Mailing Address 7815 SE 170TH RUTLEDGE ST Suite, Apt. #, etc.			
City & State THE VILLAGES, FL		City & State THE VILLAGES, FL		4. FEI Number 20-0746281	
Zip 32162		Country USA		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 STEVENS, ROBERT 7815 SE 170TH RUTLEDGE ST. THE VILLAGES, FL 32162			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 <u><i>Robert E. Stevens</i></u> <u><i>ROBERT E. STEVENS</i></u> <u><i>4/16/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGR STEVENS, ROBERT 7815 SE 170TH RUTLEDGE ST. THE VILLAGES, FL 32162 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Robert E. Stevens</i></u> <u><i>ROBERT E. STEVENS</i></u> <u><i>4/14/07</i></u> <u><i>352-250-3565</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					