

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L06000020871**

1. Entity Name  
**ANCHORHOUSE PUBLISHING COMPANY, LLC**



Principal Place of Business Mailing Address  
**7815 SE 170TH RUTLEDGE ST. 7815 SE 170TH RUTLEDGE ST.**  
**THE VILLAGES, FL 32162 US THE VILLAGES, FL 32162 US**

**DO NOT WRITE IN THIS SPACE**

02282008No Chg-LLC CR2E083 (12/07)

4. FEI Number  
**20-0746281**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**STEVENS, ROBERT**  
**7815 SE 170TH RUTLEDGE ST.**  
**THE VILLAGES, FL 32162**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**-After May 1, 2008 Fee will be \$538.75**

000000845164  
03/13/08-80027-024 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR**  
**STEVENS, ROBERT**  
**7815 SE 170TH RUTLEDGE ST.**  
**THE VILLAGES, FL 32162**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

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IN THIS SPACE**

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:** **ROBERT E. STEVENS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**28 FEB 2008 (352)250-3565**

Date

Daytime Phone #