2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 08, 2007 8:00 am Secretary of State

| DOCUMENT # L06000100112 1. Entity Name ANCHOR - LAKELAND HILLS PLAZA, LLC | | | | | | 05-08-2007 | 901140 |)42 ****5: | 5.00 | |
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| Principal Place of Business Mailing Address | | | | | 1 | | | | | |
| 500 SOUTH FLORIDA AVE., SUITE 700 LAKELAND, FL 33801 | | 500 SOUTH FLORIDA AVE., SUITE 700 LAKELAND, FL 33801 | | | | | | | | |
| | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01302007 | Chg-LLC | CR2E | 083 (12/06) | | | |
| City & State | | City & State | | | 4. FEI Number | 5783 | 476 | <u> </u> | oplied For ot Applicable | |
| Zip | Country | Zip | Country | | 5. Certificate | of Status Desired | ΙX. | \$5.00 Add | ditional | |
| | 6. Name and Address of Current R | Registered Agent | <u> </u> | | 7. Name and | Address of New | Registered | | | |
| | | | Na | ıme | | | | | | |
| MCFARLANE, PETER A C/O PETER A. MCFARLANE, P.A. 500 SOUTH FLORIDA AVE., SUITE 715 | | | Str | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| LAKELAND, FL 33801 | | | | | | | | | | |
| | • | City | | | | | FL | Zip Cod | е | |
| 8. The above named entity submits this statement for the purpose of changing its register the obligations of registered agent. | | | | ice or register | ed agent, or bot | h, in the State of F | lorida. I am | familiar with, | and accept | |
| SIGNATURE | avis or registered agent. | | | | | | | | | |
| 0,0,4,.0, | Signature, typed or printed name of registered agent ar | 1.00 00 00 11 | | | | | | | | |
| | Signature, typod or printed harrie of registered agent ar | TO the if applicable. (NOT | E: Registered Agent | t signature required | when reinstating) | | DATE | | | |
| Fi D: | iling Fee is \$50.00 ue by May 1, 2007 | to the if applicable. (NOT | E: Registered Agent | t signature required | when reinstating) | | ke check ; | payable to nent of State | 9 | |
| 9. | iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBER | RS/MANAGERS | 10. | t signature required | when reinstating) | Florid | ke check ; | nent of State | <u> </u> | |
| 9. TITLE | iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBER MGRM | RS/MANAGERS | 10. TITLE | t signature required | when reinstating) | Florid | ke check ; la Departn | nent of State | Addition | |
| 9. | iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBER | RATION OF FLA. | 10. | | when reinstating) | Florid | ke check ; la Departn | nent of State | <u> </u> | |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP | iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBER MGRM ANCHOR INVESTMENT CORPO | IS/MANAGERS Delete RATION OF FLA. TE 700 | 10. TIFLE NAME | RESS | when reinstating) | Florid | ke check ; la Departn | nent of State | <u> </u> | |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBER MGRM ANCHOR INVESTMENT CORPOR 500 SOUTH FLORIDA AVE., SUIT | RATION OF FLA. | 10. TITLE NAME STREET ADDI CITY-ST-ZIF | RESS | when reinstating) | Florid | ke check ; la Departn | nent of State | <u> </u> | |
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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: SUM Stelled Signature and appel or insured name of signing manager, in manager, or authorized representative Date Date Daytime Profes