

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000014280

Entity Name: ANCHOR LENDING GROUP, LLC

FILED
Jan 21, 2008
Secretary of State

Current Principal Place of Business:

55 SOUTH BROAD STREET
FAIRBORN, OH 45324

New Principal Place of Business:

4005 DEL PRADO BLVD.
SUITE B
CAPE CORAL, FL 33904 US

Current Mailing Address:

55 SOUTH BROAD STREET
FAIRBORN, OH 45324

New Mailing Address:

4005 DEL PRADO BLVD.
SUITE B
CAPE CORAL, FL 33904 US

FEI Number: 31-1435400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, MICHAEL
1620 MAIN STREET
11
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FIRST MORTGAGE BANC, CORPORATION
Address: 55 SOUTH BROAD STREET
City-St-Zip: FAIRBORN, OH 45324 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FIRST MORTGAGE BANC, CORPORATION
Address: 761 MIAMISBURG-CENTERVILLE RD.
City-St-Zip: DAYTON, OH 45459 US

Title: MEMB () Change (X) Addition
Name: LOCKARD, GREG
Address: 4005 DEL PRADO BLVD. SUITE B
City-St-Zip: CAPE CORAL, FL 33904 US

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: GREGORY LOCKARD

MEMB

01/21/2008

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