2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000063018

Entity Name: ANCHORED, LLC

Address:

City-St-Zip:

1811 JUANITA COURT

CLEARWATER, FL 33764 US

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10832 SW 91ST AVE OCALA, FL 34481 **Current Mailing Address: New Mailing Address:** 10832 SW 91ST AVE OCALA, FL 34481 FEI Number: 26-0362150 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EARNEST, MICHAEL J MGRM 4251 SE 110TH STREET BELLEVIEW, FL 34420 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete EARNEST, MICHAEL Name: Name: Address: **4251 SE 110TH STREET** Address: City-St-Zip: BELLEVIEW, FL 34420 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: SAPP, JERRY A Name: Address: 2371 SW 36TH DRIVE Address: City-St-Zip: OCALA, FL 34474 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition ROWE, GEORGE F Name: Name: 10200 SW 69TH COURT Address: Address: City-St-Zip: OCALA, FL 34476 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: MASON, NORMAN K Name:

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.

Address:

City-St-Zip:

SIGNATURE: MICHAEL J. EARNEST MGRM 04/15/2009