

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113696

Entity Name: ANKA PALITZ, LLC

FILED  
Mar 11, 2008  
Secretary of State

**Current Principal Place of Business:**

3000 SOUTH OCEAN BOULEVARD, UNIT 501  
PALM BEACH, FL 33480

**New Principal Place of Business:**

3000 SOUTH OCEAN BLVD.  
501  
PALM BEACH, FL 33480

**Current Mailing Address:**

3000 SOUTH OCEAN BOULEVARD, UNIT 501  
PALM BEACH, FL 33480

**New Mailing Address:**

3000 SOUTH OCEAN BLVD.  
501  
PALM BEACH, FL 33480

FEI Number: 59-3790020

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KRISER, GREGORY A  
3000 SOUTH OCEAN BOULEVARD, UNIT 501  
PALM BEACH, FL 33480 US

**Name and Address of New Registered Agent:**

KRISER, GREGORY A  
3000 SOUTH OCEAN BLVD.  
501  
PALM BEACH, FL 33480 US

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: GREGORY A KRISER

03/11/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KRISER, GREGORY A  
Address: 3000 SOUTH OCEAN BOULEVARD, UNIT 501  
City-St-Zip: PALM BEACH, FL 33480

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KRISER, GREGORY A  
Address: 3000 SOUTH OCEAN BLVD., UNIT 501  
City-St-Zip: PALM BEACH, FL 33480

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 A KRISER

MGRM

03/11/2008

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