2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State
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North SAMFORD, FL 32771	DOCUMENT # L07000114742 1. Entity Name ANCHOR MEDIATION LLC								ry of Sta 0047 046 ***143.	
Suite, Apt. #, etc.	204 NORHT)PARK AVE STE 100 North 204 NORHT)PARK AVE STE 100					North		PANAT4%!	⁷	
Suite, Apt. #, etc.	Principal Place of Business - No P.O Box # 3. Mailing Address									
City & State City & State City & State City & State Country Applicable Street Address of Name and Address of Current Registered Agent Name SNIVELY, LINDA Street Address Pro. Box Number is Not Acceptable) Agent Agent Agent Agent Agent Agent Agent Agent Street Address Pro. Box Number is Not Acceptable) Agent Agen	Suite, Apt.	#. etc.					1			
Zip Country Zip Country Signar Agent Status Desired W \$ \$0.00 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Name and Address of New Registered Agent 7. Name and Address										onlind For
SNIVELY, LINDA 20A NORTH DPARK AVE STE 100 North 8. The above named antity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the original time of registered agent, or both, in the State of Florida. I am familier with, and accept the original time of registered agent, or both, in the State of Florida. I am familier with, and accept the original time of registered agent, or both, in the State of Florida. I am familier with, and accept the original time of registered agent, or both, in the State of Florida. I am familier with, and accept the original time of Florida in a familier with and accept the original time of Florida. I am familier with, and accept the original time of Florida in familier with, and accept the original time of Florida. I am familier with and accept the original time of Florida in familier with, and accept the original time of Florida. I am familier with, and accept the original time of Florida. I am familier with, and accept the original time of Florida. I am familier with, and accept the original time of Florida. I am familier with, and accept the original time of Florida. I am familier with, and accept the original time of Florida in a familier with, and accept the original time of Florida. I am familier with, and accept the original time of Florida in a familier with, and accept the original time of Florida. I am familier with, and accept the original time of Florida. I am familier with, and accept the original time of Florida. I am familier with, and accept the original time of Florida. I am familier with, and accept the original time of Florida. I am familier with, and accept the original time of Florida. I am familier with, and accept the original time of Florida. I am familier with, and accept the original time of Florida. I am familier with, and accept the original time of Florida. I am familier with, and accept the original time of Florida. I am familier with, and accept the original time of Flor	City & State			City & State			4. PETNUMB	er 	✓ No	ot Applicable
North PARK AVE STE 100 North SANFORD, FL 32771 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FLE NOWTIL FEE IS \$138.75	Zip		Country	Zip	Country		5. Certificate	of Status Desired	\$5.00 Add Fee Require	ditional d
SENDERLY LINDA 204 NORTH PARK AVE STE 100 North City City FL Zip Code FL Zip Code City FL Zip Code FL Zip Code City City FL Zip Code City City FL Zip Code City FL Zip Code City FL Zip Code FL Zip Code FL Zip Code City City City FL Zip Code City City City City City City City FL Zip Code City City FL Zip Code City Ci		6. Name a	nd Address of Current R	legistered Agent	N	ame	7. Name and	Address of New R	legistered Agent	
## The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature type of printed name of registered agent and the if applicable.	SNIVELY, LINDA 204 NORAT) PARK AVE STE 100 North Street Ad						s (P.O. Box Number is Not Acceptable) North Park Avc Stello			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Signature Signat					Ċ	ity			FL Zip Cod	e
SIGNATURE Speaker, hypod or printed rame of registered agent and title if applicable. (NOTE, Registered Agent signeture required when reinstating) Pile NOWILI FEE IS \$138.75 Nake check payable to Florida Department of State				the purpose of changing its	registered of	ffice or register	ed agent, or bo	th, in the State of Flo		and accept
### PILE NOWILI FEE IS \$138.75 ### PILE NOWILI FEE IS \$188.75			_	nd title if applicable. (NOTE:	: Registered Age	nt signeture required	when reinstating)		DATE	
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11. Thereby 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SNIVELY, L 204 NORHT	INDA PARK AVE STE 100	Delete Delete Delete	TITLE NAME STREET AD CITY-ST-Z	DORESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP	North	ADDITIONS/	CHANGES Change Change Change	Addition Addition Addition

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

1-10-08

352-483-4143