

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000031473

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: ANCHORS' HOLDINGS, LLC

**Current Principal Place of Business:**

909 MAR WALT DRIVE  
SUITE 1014  
FORT WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

909 MAR WALT DRIVE  
SUITE 1014  
FORT WALTON BEACH, FL 32547

**New Mailing Address:**

FEI Number: 80-0297554

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ANCHORS, C. LEDON  
909 MAR WALT DRIVE  
SUITE 1014  
FORT WALTON BEACH, FL 32547 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: FERGUSON, GAIL  
Address: 321 BREAM AVENUE #504  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MGRM ( ) Delete  
Name: ANCHORS, C. LEDON  
Address: 909 MAR WALT DRIVE, SUITE 1014  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM ( ) Delete  
Name: ANCHORS, LARRY Y  
Address: 1535 ISLAND GREEN LANE WEST  
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: MGRM ( ) Delete  
Name: FLEMING, BRENDA  
Address: 275 SHALIMAR DRIVE  
City-St-Zip: SHALIMAR, FL 32579

Title: MGRM ( ) Delete  
Name: ANCHORS, GREGORY  
Address: 128 TWIN OAK DRIVE  
City-St-Zip: CRESTVIEW, FL 32536

Title: MGRM ( ) Delete  
Name: GORDON, CAROLE  
Address: 23 CARL BRANDT DRIVE  
City-St-Zip: SHALIMAR, FL 32579

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FERGUSON, GAIL  
Address: 404 KELLY PLANTATION #405  
City-St-Zip: DESTIN, FL 32541

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: C. LEDON ANCHORS

MGRM

04/24/2009

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