

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000055754

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Entity Name:** ANCHORPOINT ADVISORY SERVICES LLC

**Current Principal Place of Business:**

2100 NW 82 AVENUE  
MIAMI, FL 33122 US

**New Principal Place of Business:**

1172 SOUTH DIXIE HIGHWAY  
SUITE # 310  
CORAL GABLES, FL 33146 US

**Current Mailing Address:**

PO BOX 453803  
MIAMI, FL 332453803 US

**New Mailing Address:**

1172 SOUTH DIXIE HIGHWAY  
SUITE # 310  
CORAL GABLES, FL 33146 US

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

AAS MANAGER LLC  
2100 NW 82 AVENUE  
MIAMI, FL 33122 US

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

AAS MANAGER LLC  
1172 SOUTH DIXIE HIGHWAY  
SUITE # 310  
CORAL GABLES, FL 33146 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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/08/2011

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: AAS MANAGER LLC  
Address: 1172 SOUTH DIXIE HIGHWAY  
City-St-Zip: CORAL GABLES, FL 33146 US

I hereby 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: AAS MANAGER LLC

MGR

03/08/2011

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