


FILE NOW: Fee after May 1, will be \$588.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company **DOCUMENT #L96000000101**

J & B ANCHOR, LLC
4800 AMELIA ISLAND PARKWAY
SUITE B-130
AMELIA ISLAND FL 32034

1a. Principal Place of Business Address

4800 AMELIA ISLAND PARKWAY
SUITE B-130
AMELIA ISLAND FL 32034

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business <u>1 FRONT STREET</u> Suite, Apt. #, etc.	2a. Mailing Address <u>P.O. Box 493</u> Suite, Apt. #, etc.	3. Date Organized or Qualified 01/19/1996	3a. State of Formation FL
City & State <u>FERNANDINA BEACH FL 32035</u>	City & State <u>FERNANDINA BEACH, FL.</u>	4. FEI Number <u>59-3359142</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip <u>32035</u>	Country <u>NASSAU</u>	5. Date of Last Report —	6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

MELSON, THEODORE E
4800 AMELIA ISLAND PARKWAY
SUITE B-130
AMELIA ISLAND FL 32034

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
Zip Code FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE Theodore E. Melson DATE 2-1-97
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MELSON, THEODORE E	4800 AMELIA ISLAND PARKWAY	AMELIA ISLAND FL
			800002092298--7 -02/19/97--01085--004 ****203.75 ****203.75
			B2-18-97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Theodore E. Melson (904) 277-2365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER (803) 785-8131
Date Daytime Phone #