2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000006302

1. Entity Name
ANCHOR FINANCIAL ADVISORS, LLC

Principal Place of Business	Mailing Address
10300 SUNSET DR SUITE 135 MIAMI, FL 33173-3038 US	10300 SUNSET DR SUITE 135 MIAMI, FL 33173 US

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02072006No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-0960919

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, ROBIN L
5810 SW 90 COURT
MIAMI, FL 33173

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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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BARJA, JOSE M
STREET ADDRESS	5831 SW 94 CT
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	MGRM
NAME	KELLY, ROBIN L
STREET ADDRESS	5810 SW 90 CT
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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11. I hereby 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 indicated on this 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.

SIGNATURE: _____ Mgr Member. 2/7/06 305-271-3774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #