

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005898

FILED  
Mar 07, 2007  
Secretary of State

Entity Name: ANCHOR POINT CAPITAL, LLC

**Current Principal Place of Business:**

255 ALHAMBRA CIRCLE, SUITE 425  
CORAL GABLES, FL 331347400

**New Principal Place of Business:**

**Current Mailing Address:**

255 ALHAMBRA CIRCLE, SUITE 425  
CORAL GABLES, FL 331347400

**New Mailing Address:**

FEI Number: 20-2960865

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CROWE, TIMOTHY J  
255 ALHAMBRA CIRCLE, SUITE 425  
CORAL GABLES, FL 331347400 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: MGR ( ) Delete  
Name: CROWE, TIMOTHY J  
Address: 255 ALHAMBRA CIRCLE, SUITE 425  
City-St-Zip: CORAL GABLES, FL 331347400

Title: MGR (X) Delete  
Name: HSU, ALBERT  
Address: 10 ROCKEFELLER PLAZA, 16TH FLOOR  
City-St-Zip: NEW YORK, NY 10020

**ADDITIONS/CHANGES:**

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 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: TIMOTHY J. CROWE

MGR

03/07/2007

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