

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90128 017 ****50.00

DOCUMENT # L00000011154

1. Entity Name
CORDOVA ASSOCIATES, L.L.C.



Principal Place of Business
**3300 NORTH PACE BLVD
 PENSACOLA, FL 32505**

Mailing Address
**18 CALLE HERMOSA
 PENSACOLA, FL 32561**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
59-3670926

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOZIER, DANIEL R
 24 WEST CHASE ST.
 PENSACOLA, FL 32501**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE: MGRM Delete
 NAME: RUSSENBERGER, RAY D
 STREET ADDRESS: 815 SOUTH PALAFOX PLACE
 CITY-ST-ZIP: PENSACOLA, FL 32501

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: MGRM Delete
 NAME: EMLING, CHARLES A III
 STREET ADDRESS: 815 SOUTH PALAFOX PLACE
 CITY-ST-ZIP: PENSACOLA, FL 32501

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: MGRM Delete
 NAME: DURNEY, MATT
 STREET ADDRESS: 1310 ARIOLA DRIVE-
 CITY-ST-ZIP: PENSACOLA BEACH, FL 32561

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: MGRM Delete
 NAME: DURNEY, MATT
 STREET ADDRESS: 18 CALLE HERMOSA
 CITY-ST-ZIP: PENSACOLA, FL 32561

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

11. I 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 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: *[Signature]*

1/6/04

850-432-9944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #