

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011154

FILED  
Jan 12, 2009  
Secretary of State

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

**Current Principal Place of Business:**

3300 NORTH PACE BLVD  
PENSACOLA, FL 32505

**New Principal Place of Business:**

**Current Mailing Address:**

18 CALLE HERMOSA  
PENSACOLA, FL 32561

**New Mailing Address:**

FEI Number: 59-3670926

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOZIER, DANIEL R  
24 WEST CHASE ST.  
PENSACOLA, FL 32501 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: MGRM ( ) Delete  
Name: RUSSENBERGER, RAY D  
Address: 815 SOUTH PALAFOX PLACE  
City-St-Zip: PENSACOLA, FL 32501

Title: MGRM ( ) Delete  
Name: EMLING, CHARLES A III  
Address: 815 SOUTH PALAFOX PLACE  
City-St-Zip: PENSACOLA, FL 32501

Title: MGRM ( ) Delete  
Name: DURNEY, MATT  
Address: 1310 ARIOLA DRIVE  
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: MGRM ( ) Delete  
Name: DURNEY, MATT  
Address: 18 CALLE HERMOSA  
City-St-Zip: PENSACOLA, FL 32561

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: MATTHEW W DURNEY

MGR

01/12/2009

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