


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000085294**  
1. Entity Name  
**29 NORTH, LLC**



Principal Place of Business  
**2268 LAVISTA AVENUE  
PENSACOLA, FL 32504**

Mailing Address  
**P.O. BOX 11800  
PENSACOLA, FL 32524**

**DO NOT WRITE IN THIS SPACE**



02152006 No Chg-LLC CR2E063 (11/05)

4. FEI Number <b>20-1920427</b>	Applied For <i>Not Applicable</i>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**VREDENBURG, J. BRUCE  
2153 COPLEY DRIVE  
PENSACOLA, FL 32503**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2006**

000000441717  
03/03/06-80046-013 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VREDENBURG, J. BRUCE 2153 COPLEY DRIVE PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROVER, IV, ROBINSON C. 2268 LAVISTA AVE. PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ETHEIDGE, BRENTON L. P.O., BOX 17432 PENSACOLA, FL 32522
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: J. Bruce Vredenburg 2-15-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #