


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Apr 13, 2007 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
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04052007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1920427	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2007**

000000706069
04/24/07-80017-023 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 LADISTA 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	

**DO NOT WRITE
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: [Signature] CROWN C ROBINSON, IV 49-17 804778359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #