

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003903

1. Entity Name

C & B PROPERTIES OF PENSACOLA, L.L.C.



Principal Place of Business

1390 FT. PICKENS RD #232  
PENSACOLA BEACH FL 32561

Mailing Address

1390 FT. PICKENS RD #232  
PENSACOLA BEACH FL 32561

2. Principal Place of Business

5045 N 9<sup>th</sup> AVE

3. Mailing Address

5045 N 9<sup>th</sup> AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

PENSACOLA FL

Zip

32504

Country

USA

Zip

32504

Country

USA

4. FEI Number 01-0598750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

BOEDIGHEIMER, CHARLOTTE  
1390 FT. PICKENS RD #232  
PENSACOLA BEACH FL 32561

7. Name and Address of New Registered Agent

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

*C. Boedigheimer*

*C. Boedigheimer*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME BOEDIGHEIMER, CHARLOTTE  
STREET ADDRESS 1390 FT PICKENS RD #232  
CITY-ST-ZIP PENSACOLA FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*C. Boedigheimer*

3/31/03

850-9699292

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

Date

Daytime Phone #

CR2E083 (10/02)

0048958