
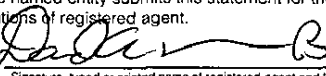
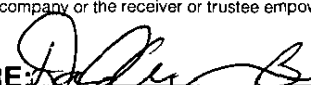


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90325 004 ****50.00

DOCUMENT # L00000010883 1. Entity Name PENSACOLA BEACH, L.L.C.					
Principal Place of Business 17 WEST CEDAR STREET PENSACOLA, FL 32501			Mailing Address 17 WEST CEDAR STREET PENSACOLA, FL 32501		
2. Principal Place of Business 2800 Delano St.			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Pensacola FL			City & State		
Zip 32505		Country US		4. FEI Number 59-3678151	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BRANNEN, DAVID 17 WEST CEDAR STREET PENSACOLA, FL 32501				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2800 Delano St. City Pensacola FL Zip Code 32505	
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  David A. Brannen Pres 5/10/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PENSACOLA BEACH, INC. 17 WEST CEDAR STREET PENSACOLA, FL 32501	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNO, MIKE 48 ELLIS FARM LANE MELROSE, MA 02176	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 940 Gulf Breeze, FL 32562	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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  David A. Brannen Pres 5/10/04 850-434-7700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

24075152



05102004 Chg-LLC CR2E083 (10/03)