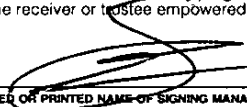


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90028 006 ****50.00

DOCUMENT # L00000011657 1. Entity Name 7950 PENSACOLA BLVD., L.L.C.					
Principal Place of Business FIRST UNION BANK BUILDING 21 EAST GARDEN ST., SUITE 200 PENSACOLA, FL 32501				Mailing Address FIRST UNION BANK BUILDING 21 EAST GARDEN ST., SUITE 200 PENSACOLA, FL 32501	
2. Principal Place of Business 4 LAGUNA STREET Suite, Apt. #, etc. SUITE 201 City & State FORT WALTON BEACH, FL Zip 32548 Country USA		3. Mailing Address 4 LAGUNA STREET Suite, Apt. #, etc. SUITE 201 City & State FORT WALTON BEACH, FL Zip 32548 Country USA			
4. FEI Number 59-3673381				04152005 Chg-LLC CR2E083 (10/03)	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DEMARIA, F. BRIAN FIRST UNION BANK BUILDING 21 EAST GARDEN ST., SUITE 200 PENSACOLA, FL 32501			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM STEVEN P. DEL GALLO 21 E GARDEN ST., STE #200 PENSACOLA, FL 32501	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM STEVEN P. DEL GALLO 4 LAGUNA STREET, SUITE 201 FORT WALTON BEACH, FL 32548	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM F. BRIAN DEMARIA 21 EAST GARDEN ST., STE. #200 PENSACOLA, FL 32501	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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: 			STEVEN P. DEL GALLO 4/18/05 888/301-0179		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		