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	Mailing Address
FIRST UNION BANK BUILDING 21 EAST GARDEN ST., SUITE 200 PENSACOLA, FL 32501	FIRST UNION BANK BUILDING 21 EAST GARDEN ST., SUITE 200 PENSACOLA, FL 32501

04152005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
4 LAGUNA STREET		4 LAGUNA STREET	
Suite, Apt. #, etc.: SUITE 201		Suite, Apt. #, etc.: SUITE 201	
City & State: FORT WALTON BEACH, FL		City & State: FORT WALTON BEACH, FL	
Zip: 32548	Country: USA	Zip: 32548	Country: USA

4. FEI Number: 59-3673381 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEMARIA, F. BRIAN FIRST UNION BANK BUILDING 21 EAST GARDEN ST., SUITE 200 PENSACOLA, FL 32501	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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (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
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 4/18/05 850/301-0179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #