


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L00000011657**

1. Entity Name  
 7950 PENSACOLA BLVD., L.L.C.



Principal Place of Business 4 LAGUNA ST STE 201 FORT WALTON BEACH, FL 32548 US	Mailing Address 4 LAGUNA ST STE 201 FORT WALTON BEACH, FL 32548 US
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**DO NOT WRITE IN THIS SPACE**



01302007No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3673381	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

DEMARIA, F. BRIAN  
 FIRST UNION BANK BUILDING  
 21 EAST GARDEN ST., SUITE 200  
 PENSACOLA, FL 32501

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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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEVEN P. DEL GALLO 4 LAGUNA ST STE 201 FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR F. BRIAN DEMARIA 21 EAST GARDEN ST., STE. 207 PENSACOLA, FL 32501
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 02/20/07-80063-014 50.00

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

Date: 1/31/07 Daytime Phone #: 800 301-0179