



**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000011987 1. Entity Name RIGHT THIS WAY, PENSACOLA, L.L.C.	
---	---


Principal Place of Business 4795 VELASQUEZ PLACE PENSACOLA, FL 32504	Mailing Address P.O. BOX 9885 PENSACOLA, FL 32513
--	---

DO NOT WRITE IN THIS SPACE

	
01122004 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 59-3679853	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 RENTZ, LUCILE H 4795 VELASQUEZ PLACE PENSACOLA, FL 32504

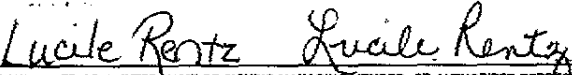
DO NOT WRITE IN THIS SPACE

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 	DATE <u>2-12-04</u>
<small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$50.00 Due by May 1, 2004	U00000054015 -02/16/04-80155-004 50.00
---	---

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RENTZ, LUCILE P.O. BOX 9885 PENSACOLA, FL 32513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: 	2-12-04 850-434-9411
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	
<small>Date Daytime Phone #</small>	