


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Jul 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000015318	
1. Entity Name WOODLANDS VENTURES OF PENSACOLA, L.L.C.	

Principal Place of Business 21 E. GARDEN STREET SUITE NO. 200 PENSACOLA FL 32501	Mailing Address 21 E. GARDEN STREET SUITE NO. 200 PENSACOLA FL 32501
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2. Principal Place of Business Suite, Apt #, etc. City & State Zip	3. Mailing Address 102 E Nine Mile Rd. Suite, Apt #, etc. Pensacola, FL City & State 32534 United States Zip
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1st MOORE CR2E083 (10/04)

4. FEI Number 59-3743257	Applied For <input type="checkbox"/> 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 21 E. GARDEN STREET SUITE NO. 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** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM QUALITY INVESTMENTS AND BROKERAGE, INC. 21 E. GARDEN STREET SUITE NO. 200 PENSACOLA FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000374732 07/27/05-80006-015 50.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ERIC GLEATON REALTY, INC. 102 E. 9 MILE ROAD PENSACOLA FL 32534 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Eric Gleaton **Eric Gleaton 7/25/2005 850-478-4607**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #