

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90037 003 \*\*\*\*50.00

**DOCUMENT # L02000000422**

1. Entity Name

PENSACOLA INFORMATION.COM REALTY LLC



Principal Place of Business  
620 RIOLA PLACE  
PENSACOLA FL 32506

Mailing Address  
620 RIOLA PLACE  
PENSACOLA FL 32506

24047848



MOORE CR2E083 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 26-0007662

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KOLB, JANET A  
620 RIOLA PLACE  
PENSACOLA FL 32506

Name

Debra K. Key  
Street Address (P.O. Box Number is Not Acceptable)

4153 Heltons Way

City

JAY

FL

Zip Code

32565

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME BERUBE, DANIEL E  
STREET ADDRESS 620 RIOLA PLACE  
CITY-ST-ZIP PENSACOLA FL 32506

TITLE MGRM ☐ Delete  
NAME KARB, SHERWOOD R  
STREET ADDRESS 3447 ESPLANADE DRIVE  
CITY-ST-ZIP PENSACOLA FL 32506

TITLE MGR ☐ Delete  
NAME KOLB, JANET A  
STREET ADDRESS 620 RIOLA PLACE  
CITY-ST-ZIP PENSACOLA FL 32506

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME ← Kolb, Sherwood R  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

*Janet A. Kolb (mae)* 4/16/04 (850) 458-7727