

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90429 040 ****50.00

DOCUMENT # L02000000422

1. Entity Name

PENSACOLAINFORMATION.COM REALTY LLC



Principal Place of Business

620 RIOLA PLACE
PENSACOLA FL 32506

Mailing Address

620 RIOLA PLACE
PENSACOLA FL 32506

2. Principal Place of Business

11325 Lillian Hwy
Suite, Apt. #, etc.

3. Mailing Address

11325 Lillian Hwy
Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

4. FEI Number

26-0007662

Applied For

Not Applicable

Zip

32506

County

ESCAMBIA

Zip

32506

County

ESCAMBIA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOLB, JANET A.
3447 ESPLANADE DRIVE
PENSACOLA FL 32506

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

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, 2006

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 KOLB, 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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME JANET A. Kolb
STREET ADDRESS 3447 ESPLANADE DR.
CITY-ST-ZIP PENSACOLA, FL 32506

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 exemptions contained in Section 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: Janet A. Kolb Janet A Kolb (MGR) 2/15/06 458-7727

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

Date

Daytime Phone #