2007 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT (AR)** Apr 19, 2007 8:00 am Secretary of State DOCUMENT # L02000000422 1. Entity Name 04-19-2007 90028 007 ****50.00 PENSACOLAINFORMATION.COM REALTY LLC Principal Place of Business Mailing Address 11325 LILLIAN HWY 11325 LILLIAN HWY PENSACOLA FL 32506 PENSACOLA FL 32506 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 26-0007662 EMSACO Not Applicable Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOLB, JANET A. Street Address (P.O. Box Number is Not Acceptable) 3447 ÉSPLANADE DRIVE PENSACOLA FL 32506 City 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10 ADDITIONS/CHANGES BILL Addition MGRM Delete ☐ Change NAMI BERUBE, DANIEL E NAMI STRUET ADDRESS 620 RIOLA PLACE STHEET ADDRESS CHY SL-ZIP PENSACOLA FL 32506 CHY ST ZIP TITLE **MGRM** ☐ Delete 11111 Change Addition NAM KOLB, SHERWOOD R NaMi STREET ADDRESS STREET ADDRESS 3447 ESPLANADE DRIVE CHY ST 7IP CHY ST 7IP PENSACOLA FL 32506 THILE ☐ Delete MGR 1010 ☐ Chance ☐ Addition NAME NAM KOLB, JANET A STRUET ADDRESS STREET ADDRESS 3447 ESPLANADE DR CHY ST-7IP CITY ST /IP PENSACOLA FL 32506 THE 1000 □ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY ST ZIE 1000 ☐ Delete ☐ Change Addition NAM STHEET ADDRESS STREET ADDRESS CHY-SI-7IP CITY ST ZIP DITTE ☐ Delete HIG Change Addition NAME NAM STREET ADDRESS STREET ADDRESS CHY-ST-7IP CHY ST 74P 11. Thereby certify that the information supplied with this filling 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

SIGNATURE

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.