

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90198 003 \*\*\*150.00

DOCUMENT # L02000015410

1. Entity Name  
PANAMA CITY BREWERY, LLC



Principal Place of Business  
11040 HUTCHINSON BLVD  
PANAMA CITY BEACH, FL 32407

Mailing Address  
9527 CLARENCE ST  
PANAMA CITY BEACH, FL 32407



01282004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
36-4500973

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BURKE, LES W ESQ.  
BURKE & BLUE, P.A.  
221 MCKENZIE AVENUE  
PANAMA CITY, FL 32401

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME BURNHAM, WES  
STREET ADDRESS 11212 FRONT BEACH ROAD  
CITY-ST-ZIP PANAMA CITY BEACH, FL 32407

TITLE MGR  
NAME CENTANNI, ROY  
STREET ADDRESS 9527 CLARENCE STREET  
CITY-ST-ZIP PANAMA CITY BEACH, FL 32407

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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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: \_\_\_\_\_

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

*Roy Centanni* Roy Centanni

2/24/04 850-234-3836

Date

Daytime Phone #