

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 16, 2007 08:00 A  
Secretary of State

DOCUMENT # L02000021080

1. Entity Name  
PENSACOLA MAINSTREET, L.L.C.



Principal Place of Business  
120 EAST MAIN ST., STE. A  
PENSACOLA, FL 32501

Mailing Address  
120 EAST MAIN ST., STE. A  
PENSACOLA, FL 32501



04112007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
56-2289618

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

NASH, NEAL B  
120 EAST MAIN ST., STE. A  
PENSACOLA, FL 32501

**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, 2007**

000000707492  
04/24/07-80076-015 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME NASH, NEAL B  
STREET ADDRESS 6565 NORTH "W" ST., STE. 260  
CITY-ST-ZIP PENSACOLA, FL 32505

TITLE MGR  
NAME BOWYER, LARRY M  
STREET ADDRESS 316 SOUTH BAYLEN ST., STE. 200  
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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 exemptions contained in Chapter 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:**

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

Date

Daytime Phone #

NEAL NASH 4-12-07 850-4298640