

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023487

**FILED**  
**Feb 13, 2008**  
**Secretary of State**

**Entity Name:** ROBERT D. FLURRY, L.L.C.

**Current Principal Place of Business:**

9290 BALDRIDGE  
PENSACOLA, FL 32514

**New Principal Place of Business:**

9290 BALDRIDGE ROAD  
PENSACOLA, FL 32514

**Current Mailing Address:**

9290 BALDRIDGE  
PENSACOLA, FL 32514

**New Mailing Address:**

9290 BALDRIDGE ROAD  
PENSACOLA, FL 32514

FEI Number: 72-1575263

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GLASSMAN, JOHN ESQUIRE  
1127 NORTH PALAFOX STREET  
PENSACOLA, FL 32501 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FLURRY, ROBERT D M.D.  
Address: 9290 BALDRIDGE  
City-St-Zip: PENSACOLA, FL 32514

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FLURRY, ROBERT D M.D.  
Address: 9290 BALDRIDGE ROAD  
City-St-Zip: PENSACOLA, FL 32514 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT D FLURRY MD

MGRM

02/13/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date