

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-27-2006 90026 026 ****50.00

DOCUMENT # L02000025544

1. Entity Name
PENSACOLA BAY AREA INVESTORS, LLC



Principal Place of Business
316 S. BAYLEN ST.
SUITE 200
PENSACOLA, FL 32501

Mailing Address
PO BOX 12646
PENSACOLA, FL 32591



2. Principal Place of Business
316 S. Baylen St.

3. Mailing Address

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.

City & State
Pensacola FL

City & State

Zip
32502

Country
USA

Zip

Country

04242006 Chg-LLC CR2E083 (11/05)

4. FEI Number
22-3868634

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'SULLIVAN, III, J. MORT
316 S. BAYLEN ST., STE 20
PENSACOLA, FL 32501

Name

Street Address (P.O. Box Number is Not Acceptable)

316 S. Baylen St., Suite 300

City
Pensacola

FL

Zip Code
32502

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
O'SULLIVAN, III, J. MORT
316 S. BAYLEN ST., STE 200
PENSACOLA, FL 32501 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
316 S. Baylen St., Suite 300
Pensacola FL 32502 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

J. Mort O'Sullivan III

4/24/06

850-435-7400