2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 04, 2008 08:00 AN Secretary of State

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1. Entity Name

PENSACOLA BAY AREA INVESTORS, LLC



Principal Place of Business

Mailing Address

316 S. BAYLEN ST. **SUITE 300**

PO BOX 12646

PENSACOLA, FL 32502

PENSACOLA, FL 32591



DO NOT WRITE IN THIS SPACE

01302008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 22-3868634

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

O'SULLIVAN, J. MORT III 316 S. BAYLEN ST SUITE 300 PENSACOLA, FL 32502

SIGNATURE:

SIGNATURE AND TYPE

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	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'SULLIVAN, III, J. MORT 316 S BAYLEN ST., SUITE 300 PENSACOLA, FL 32502		U00000812997	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			02/12/08-80071-016 138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			
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.				

R PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE