

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000003300**

1. Entity Name

**SFB INVESTMENTS OF PENSACOLA, L.L.C.**



Principal Place of Business

**120 EAST MAIN STREET  
SUITE A  
PENSACOLA, FL 32501**

Mailing Address

**120 EAST MAIN STREET  
SUITE A  
PENSACOLA, FL 32501**



03032006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**57-1146428**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BOOKMAN, ALAN B  
30 SOUTH SPRING STREET  
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, 2006**

000000462079  
03/21/06-80022-001 \$0.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	NASH, NEAL B
STREET ADDRESS	120 EAST MAIN STREET
CITY- ST- ZIP	PENSACOLA, FL 32501
TITLE	MGR
NAME	SWAINE, RONALD E
STREET ADDRESS	120 EAST MAIN STREET
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	

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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:

*Ronald E. Swaine* **RONALD E. SWAINE MGR**

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

**3-3-06**

Date

**(850) 429-1490**

Daytime Phone #