2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# L03000003300

Entity Name: SFB INVESTMENTS OF PENSACOLA, L.L.C.

Current Principal Place of Business:

120 EAST MAIN STREET
SUITE A
PENSACOLA, FL 32501

New Principal Place of Business:

120 EAST MAIN STREET
SUITE A
PENSACOLA, FL 32502

Current Mailing Address:

120 EAST MAIN STREET
SUITE A
PENSACOLA, FL 32501

New Mailing Address:

120 EAST MAIN STREET
SUITE A
PENSACOLA, FL 32502

FEI Number: 57-1146428 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOOKMAN, ALAN B
30 SOUTH SPRING 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: MGR ( ) Delete
Name: NASH, NEAL B
Address: 120 EAST MAIN STREET
City-St-Zip: PENSACOLA, FL 32501

Title: MGR ( ) Delete
Name: SWAINE, RONALD E
Address: 120 EAST MAIN STREET
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: NASH, NEAL B
Address: 120 EAST MAIN STREET
City-St-Zip: PENSACOLA, FL 32502

Title: MGR (X) Change ( ) Addition
Name: SWAINE, RONALD E
Address: 120 EAST MAIN STREET
City-St-Zip: PENSACOLA, FL 32502

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: NEAL B. NASH MGR 02/05/2009

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