


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000009159</b> 1. Entity Name JOHN PHARR CERTIFIED PUBLIC ACCOUNTANT, L.L.C.	
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Principal Place of Business 1306 EAST CERVANTES STREET, F PENSACOLA, FL 32501 US	Mailing Address 1306 EAST CERVANTES STREET, F PENSACOLA, FL 32501 US
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**DO NOT WRITE IN THIS SPACE**



01252005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 54-2118136	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

PHARR, JOHN T JR  
720 N 19TH AVENUE  
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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PHARR, JOHN T JR. 720 N 19TH AVENUE PENSACOLA, FL 32501
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U00000202176  
01/28/05-80093-023 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, OR AUTHORIZED REPRESENTATIVE

1/25/05 850 43588414  
Date Daytime Phone #