

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000011007**

1. Entry Name  
**PACE FAMILY ENTERTAINMENT CENTER, LLC**



Principal Place of Business

3721 HWY 90  
MILTON, FL 32571

Mailing Address

2101 BARRANCAS  
PENSACOLA, FL 32501

**DO NOT WRITE IN THIS SPACE**



01102005No Chg-LLC

CR2E083 (10/03)

4. FCI Number

65-1173882

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOFTIN, JOE M  
2101 BARRANCAS  
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

MGRM  
LOFTIN, JOE M  
2101 BARRANCAS  
PENSACOLA, FL 32501

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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U00000251297  
03/04/05-80046-014 50.00

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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)(f), 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 have been 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

Date

Daytime Phone #

2/25/04 850-439-0201