


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90124 017 ***138.75

DOCUMENT # L03000016381	
1. Entity Name TANNER REALTY OF NW FLA., L.L.C.	

Principal Place of Business 421 E. ZARAGOZA ST. PENSACOLA, FL 32502	Mailing Address 421 E. ZARAGOZA ST. PENSACOLA, FL 32502
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2. Principal Place of Business - No P.O. Box # 420 Bayfront PKWY	3. Mailing Address 420 Bayfront PKWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pensacola, FL	City & State Pensacola, FL
Zip 32502	Zip 32502
Country USA	Country USA



04212008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent TANNER, KATHLEEN I 421 E. ZARAGOZA ST. PENSACOLA, FL 32502	
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4. FEI Number 56-2362944	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TANNER, KATHLEE I		NAME	
STREET ADDRESS 421 E ZARAGOZA ST		STREET ADDRESS	
CITY-ST-ZIP PENSACOLA, FL 32502		CITY-ST-ZIP	
TITLE MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUNTER, CRAIG H		NAME	
STREET ADDRESS 1085 HARBOR LN		STREET ADDRESS	
CITY-ST-ZIP GULF BREEZE, FL 32563		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Craig Hunter **Craig Hunter** 4/21/08 850-435-9007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #