


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000021114</b> 1. Entity Name FOSHEE OF ESCAMBIA COUNTY, L.L.C.					
Principal Place of Business 8500 FOWLER AVNUE PENSACOLA, FL 32534			Mailing Address 8500 FOWLER AVNUE PENSACOLA, FL 32534		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 02142008    Chg-LLC    CR2E083 (12/06) 36-4535384					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent  O'NEILL, JOHN M III 8500 FOWLER AVNUE PENSACOLA, FL 32534			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE <u>2/29/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'NEILL, JOHN M III 8500 FOWLER AVNUE PENSACOLA, FL 32534 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000851486 03/25/08-80041-016 188.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANSFIELD, TEDDY L 1325 W. DETROIT BLVD. PENSACOLA, FL 32534 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:**

John Michael O'Neill, III 2/29/08 (850) 484-7977

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

Date

Daytime Phone #