DOCUMENT # L03000050970 Supersonance Encontance Mailing Address Microsoftance Mailing Address Affor MOURD AR Affor MADURA DR GUF BREEZE, FL 32563 GUF BREEZE, FL 32563 Sum, Apr. # Ric Sum, Apr. # Ric Sum Apr. # Ric Sum. Apr. # Ric MOORH-EAD, STEPHEN R Sum. Apr. # Ric MOORH-EAD, STEPHEN R Sum. Apr. # Ric App. Supp.		005 L		IABILITY COI AL REPORT	MPANY	FILED Apr 26, 2005 8:00 a Secretary of State
1. Entry Name NORTH ESCAMBIA DEVELOPMENT, LLC	DOCU	MENT	# L030000	50970		
4161 MOURA DR GULF BREEZE, FL 32563 4161 MOURA DR GULF BREEZE, FL 32563 2008 7749 2 monopol Read Place of Budgesse 3 Main Andress State, Apt #, etc. 0422005 Chy LC Chy 2683 2 monopol Read Place of Budgesse State, Apt #, etc. 0422005 Chy 2000 Chy 2000 2 monopol Read Place of Budgesse State, Apt #, etc. State, Apt #, etc. 0422005 Chy 2000 2 monopol Read Place of Budgesse State, Apt #, etc. State, Apt #, etc. 0422005 Chy 2000 2 monopol Read Place of Budgesse State, Apt #, etc. State, Apt #, etc. 0422005 Chy 2000 2 monopol Read Place of Budgesse State, Apt #, etc. State, Apt #, etc. 0422005 Chy 2000 2 monopol Read Address of Current Registered Agent T. Name and Address of New Registered Agent Name MOORHEAD, STEPHEN R Address CP O. Box Number is New Registered Agent Name MOORHEAD, STEPHEN R State Address CP O. Box Number is New Registered Agent Name MOORHEAD, STEPHEN R State Address CP O. Box Number is New Registered Agent Name MORE Number is New Number is New Number is New Registered Agent Agen	1. Entity Nam	ne				04-26-2005 90019 002 ****50.00
Image: Additional and a control of the second of the se	4161 MADU	ra dr		4161 MADURA DR	2563	
City & State Contry So Contry Cont	2. Principal P		ADUNA RI	3. Mailing Address	LAQURA RO	
2 Pro 2 Pro <td< td=""><td>Suite, Apt.</td><td>#, etc.</td><td></td><td>Suite, Apt. #, etc.</td><td></td><td></td></td<>	Suite, Apt.	#, etc.		Suite, Apt. #, etc.		
Contract of and address of Current Registered Agent City	wit !	Bree		Gulf Bee		75-3139795 Not App
MOORHEAD, STEPHEN R 4300 BAYOU BLVD, STE 13 PENSACOLA, FL 32503 Name Street Address (P.O. Box Number is Not Acceptable) FL City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and active the obligitations of registered agent. SIGNATURE Tilling Foe is \$50,00 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Intit Change 9. MANAGING MEMBERS/MANAGERS 10. 10. ADDITIONS/CHANGES Change 11. MGR """"""""""""""""""""""""""""""""""""	3256	3		32563	Country	Fee Required
4300 BAYOU BLVD, STE 13 PENSACOLA, FL 32503 Streent Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent. or both, in the State of Florida. Jam familiar with, and at the obligations of registered agent. Datt SiGNATURE Bydates type or profile or of a tegetherid agent and the approach. Sign Attract agent agent and the approach. Sign Attract agent agent and the approach. Sign Attract agent agent and the approach. Pointing Fee is \$50.00 Datt Make check payable to Florida Department of State 9. MANAGING MEMBERS / MANAGERS Int colspan= 2 Make check payable to Florida Department of State Sign Colspan="2">ADDITIONS/CHANGES Int colspan= 2 Int colspan Int colsp				ment Hegistered Agent	Name	/. name and Address of New Registered Agent
The abvortance antity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and at the obligations of registered agent. SIGNATURE Sequent hypot of principal super and the flipscade (NOTE Registered Agent Speaker registered agent, or both, in the State of Florida. I am lamiliar with, and at the obligations of registered agent. SIGNATURE Sequent hypot of principal super and the flipscade (NOTE Registered Agent Speaker registered agent, or both, in the State of Florida. I am lamiliar with, and at the obligations of registered agent. SIGNATURE Sequent hypot of principal super and the flipscade (NOTE Registered Agent Speaker registered agent, or both, in the State of Florida. I am lamiliar with, and at SIGNATURE Sequent hypot of principal super and the flipscade (NOTE Registered Agent Speaker register degined when restatered) Date Signature hypot of principal super and the flipscade (NOTE Registered Agent Speaker register degined when restatered) Date Signature hypot of principal super and the flipscade (NOTE Registered Agent Speaker register degined when restatered) Date Signature hypot of principal super and the flipscade (NOTE Registered Agent Speaker register degined when restatered) Date Signature hypot of principal super and the flipscade (NOTE Registered Agent Speaker register degined agent, or both, in the State of Principal Register Address (Date Speaker Registered Agent Speaker registered agent, or both, in the State of Principal super and the flipscade (Note Speaker Registered Agent Speaker Regis	4300 BAY	OU BLVD	, STE 13		Street Address	(P.O. Box Number is Not Acceptable)
The abvention named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and at the obligations of registered agent. SIGNATURE Sequete typed or preference agent are it eight add. (NOTE Registered Agent Signature registered agent, or both, in the State of Florida. I am familier with, and at the obligations of registered agent. SIGNATURE Sequete typed or preference agent are it eight add. (NOTE Registered Agent Signature registered agent, or both, in the State of Florida. I am familier with, and at the obligations of registered agent. SIGNATURE Sequete typed or preference agent are it eight add. (NOTE Registered Agent Signature registered agent, or both, in the State of Florida. I am familier with, and at the obligations of registered agent. SIGNATURE Construction of registered agent are iter inspirated. (NOTE Registered Agent Signature registered agent, or both, in the State of Florida. I am familier with, and at the inspirate agent are iter inspirated. (NOTE Registered Agent Signature registered agent, or both, in the State of Florida. I am familier with, and at the inspirate agent agent are inspirated. (NOTE Registered Agent Signature registered agent, or both, in the State of Florida. I am familier with, and at the inspirate agent a					City	EI Zin Code
the obligations of registered agent. SIGNATURE Signature typed or printed reveal of registered agent and site if hight-cable Filing Fee is \$50.00 Fiorida Department of State MARk check payable to Fiorida Department of State ADDITIONS/CHANGES ITTLE MARK BRANTLEY, DONALD S MR MARK BRET ADDRSS OTY-S1-2P GUT-S1-2P GUT-S1-2P CIT-S1-2P TITLE MARK STRET ADDRSS CIT-S1-2P TITLE MARK STRET ADDRS	8 The above	named entil	by submits this statem	ant for the purpose of changing i	its registered office or register	
ITTLE MGR ITTLE I	n	no hu Mo	18 \$50.00			
STREET ADDRESS CITY-ST-2P 4161 MADURA RD GULF BREEZE, FL 32563 STREET ADDRESS CITY-ST-2P ITTLE Delete ITTLE NAME STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P ITTLE Delete ITTLE NAME Delete ITTLE STREET ADDRESS CITY-ST-2P Delete ITTLE ITTLE Delete ITTLE NAME STREET ADDRESS CITY-ST-2P CITY-ST-2P ITTLE Delete ITTLE	D:	ue by Ma	y 1, 2005		10	Florida Department of State
ITILE Delete ITILE Change A NAME STREET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P ITILE Delete TTILE Change A NAME Delete TTILE Change A NAME Delete TTLE Change A NAME STREET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P ITILE Delete TTLE Change A NAME STREET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P ITILE Delete TTLE Change A NAME STREET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P ITILE Delete TTLE MAKE Change A STREET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P ITILE Delete TTLE MAKE STREET ADDRESS CITY-ST-2P CITY-ST-2P ITILE Delete TTLE MAKE STREET ADDRESS CITY-ST-2P CITY-ST-2P ITILE NAME <	9	ue by Ma	MANAGING ME			ADDITIONS/CHANGES
NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP TITLE Delete NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP TITLE Delete NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP TITLE Delete	9. Title Name Street address	MGR BRANTLE 4161 MAI	MANAGING ME MANAGING ME EY, DONALD S MR DURA RD	Delete	TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES
CITY-ST-ZP CITY-ST-ZP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP TITLE Delete TITLE TITLE <	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRANTLE 4161 MAI	MANAGING ME MANAGING ME EY, DONALD S MR DURA RD	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Florida Department of State ADDITIONS/CHANGES
NMME STREET ADDRESS CITY-ST-ZIP Delete TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP Change ITTLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITTLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITTLE Delete ITTLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITTLE Delete ITTLE Delete ITTLE Delete ITTLE Delete ITTLE Delete ITTLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITTLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITTLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITTLE STREET ADDRESS CITY-ST-ZIP </td <td>9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE</td> <td>MGR BRANTLE 4161 MAI</td> <td>MANAGING ME MANAGING ME EY, DONALD S MR DURA RD</td> <td>Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE</td> <td>Florida Department of State ADDITIONS/CHANGES</td>	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR BRANTLE 4161 MAI	MANAGING ME MANAGING ME EY, DONALD S MR DURA RD	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Florida Department of State ADDITIONS/CHANGES
CITY-ST-ZIP CITY-ST-ZIP ITILE Delete ITILE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITILE Delete ITILE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITILE Delete ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE Delete ITILE Delete ITILE Delete ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE Delete TTLE NAME STREET ADDRESS CITY-ST-ZIP ITIL Hereby certify that the information supplied with this filing d	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR BRANTLE 4161 MAI	MANAGING ME MANAGING ME EY, DONALD S MR DURA RD	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Florida Department of State ADDITIONS/CHANGES
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change AMAE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T1. 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 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 ginature shall have the same legal effect as it made under gath; that I am a managing member or manager of th	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR BRANTLE 4161 MAI	MANAGING ME MANAGING ME EY, DONALD S MR DURA RD	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Florida Department of State ADDITIONS/CHANGES Change Change
NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE Detete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE Detete TITLE STREET ADDRESS CITY-ST-ZIP Change AME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRANTLE 4161 MAI	MANAGING ME MANAGING ME EY, DONALD S MR DURA RD	Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	Florida Department of State ADDITIONS/CHANGES Change Change Change
TITLE Detete TITLE Change A NAME STREET ADDRESS CITY-ST-ZIP Change A 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 grapher or manager of the same legal effect as it made under gath; that I am a managing member or manager of the same legal effect as it made under gath; that I am a managing member or manager of the same legal effect as it made under gath; that I am a managing member or manager of the same legal effect as it made under gath; that I am a managing member or manager of the same legal effect as it made under gath; that I am a managing member or manager of the same legal effect as it made under gath; that I am a managing member or manager of the same legal effect as it made under gath; that I am a managing member or manager of the same legal effect as it made under gath; that I am a managing member or manager of the same legal effect as it made under gath; that I am a managing member or manager of the same legal effect as it made under gath; that I am a managing member or manager of the same legal effect as it made under gath; that I am a managing member or manager of the same legal effect as it made under gath; that I am a managing member or manager of the same legal effect as it made under gath; that I am a managing member or manager of the same legal effect as it made under gath; that I am a managing member or manager of the same legal effect as it made under gath; that I am a managing member or manager of the same legal effect as it made under gath; that I am a managing member or manager of the same legal effect as it made under gath; that I am a managing member or manager of the same legal effect as it made under gath; that I am a managing	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR BRANTLE 4161 MAI	MANAGING ME MANAGING ME EY, DONALD S MR DURA RD	Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	Florida Department of State ADDITIONS/CHANGES Change Change Change
CITY-ST-ZIP CITY-ST-ZIP 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 it made under path; that I am a managing member or manager of the	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRANTLE 4161 MAI	MANAGING ME MANAGING ME EY, DONALD S MR DURA RD	Delete Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-SI-ZP TITLE NAME STREET ADDRESS CITY-SI-ZIP	Florida Department of State ADDITIONS/CHANGES Change Change Change Change Change Change
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	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR BRANTLE 4161 MAI	MANAGING ME MANAGING ME EY, DONALD S MR DURA RD	Delete Delete Delete Delete Delete Delete Delete	ITTLE NAME STREET ADDRESS CITY-SI-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE	Florida Department of State ADDITIONS/CHANGES Change Change Change Change Change Change Change
	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR BRANTLE 4161 MAI	MANAGING ME MANAGING ME EY, DONALD S MR DURA RD	Delete Delete Delete Delete Delete Delete Delete	ITTLE NAME STREET ADDRESS CTY-ST-ZIP ITTLE NAME STREET ADDRESS CTY-ST-ZIP TTTLE NAME STREET ADDRESS CTY-ST-ZIP	Florida Department of State ADDITIONS/CHANGES Change Change Change Change Change Change Change