

# **2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L03000050970

**FILED**  
**May 09, 2007**  
**Secretary of State**

**Entity Name:** NORTH ESCAMBIA DEVELOPMENT, LLC

**Current Principal Place of Business:**

3935 W MADURA RD  
GULF BREEZE, FL 32563

**New Principal Place of Business:**

**Current Mailing Address:**

3935 W MADURA RD  
GULF BREEZE, FL 32563

**New Mailing Address:**

**FEI Number:** 75-3139795

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOORHEAD, STEPHEN R  
4300 BAYOU BLVD, STE 13  
PENSACOLA, FL 32503 US

**Name and Address of New Registered Agent:**

MOORHEAD, STEPHEN R  
25 WEST GOVERNMENT ST  
PENSACOLA, FL 32502 US

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.

**SIGNATURE:**

05/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BRANTLEY, DONALD S MR  
Address: 3935 W MADURA RD  
City-St-Zip: GULF BREEZE, FL 32563

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BRANTLEY, DONALD S  
Address: 3935 W MADURA RD  
City-St-Zip: GULF BREEZE, FL 32563

Title: MGR ( ) Change (X) Addition  
Name: RASMUSSEN, JOHN R  
Address: 8445 PENSACOLA BLVD.  
City-St-Zip: PENSACOLA, FL 32534

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** STEPHEN R. MOORHEAD

RA

05/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date