2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000050970

1. Entity Name
NORTH ESCAMBIA DEVELOPMENT, LLC

Principal Place of Business
3935 W MADURA RD
GULF BREEZE, FL 32563

Mailing Address
3935 W MADURA RD
GULF BREEZE, FL 32563

DO NOT WRITE IN THIS SPACE

01302008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 75-3139795 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

FILE NOW!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BRANTLEY, DONALD S
STREET ADDRESS	3935 W MADURA RD
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	MGR
NAME	RASMUSSEN, JOHN R
STREET ADDRESS	8445 PENSACOLA BLVD.
CITY-ST-ZIP	PENSACOLA, FL 32534
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/23/08-80098-016 138.75

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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: _____ 4/28/08 850-712-2825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #