

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90130 029 \*\*\*\*50.00

**DOCUMENT # L03000053047**

1. Entity Name  
**SANTA ROSA-PACIFIC, L.L.C.**



Principal Place of Business  
**694 BALDWIN AVENUE  
DEFUNIAK SPRINGS, FL 32435**

Mailing Address  
**694 BALDWIN AVENUE  
DEFUNIAK SPRINGS, FL 32435**

**24063416**

2. Principal Place of Business

3. Mailing Address  
**P.O. BOX 1673**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302004 Chg-LLC CR2E083 (10/03)

City & State

City & State  
**Santa Rosa Bch. FL**

4. FEI Number  
**33-1082402**

Applied For  
Not Applicable

Zip

Country

Zip  
**32459**

Country  
**Walton**

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

6. Name and Address of Current Registered Agent

**DAVIS, MARK D  
694 BALDWIN AVENUE  
DEFUNIAK SPRINGS, FL 32435**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MCGILL, GORDON R  
193 BOTANY BAYOU BLVD  
SANTA ROSA BEACH, FL 32459** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ANDERS, JAMES F II  
10 COVE CREEK LANE  
PANAMA CITY BEACH, FL 32413** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
HILDRETH, EMMETT F JR.  
POST OFFICE BOX 1673  
SANTA ROSA BEACH, FL 32459** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 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:**

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

**4/30/04**

Date

**850267-2009**

Daytime Phone #