

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90018 050 ****55.00

DOCUMENT # L03000053047

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



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

Mailing Address
P.O. BOX 1673
SANTA ROSA BEACH, FL 32459

20049701



01102005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1082402

Applied For
Not Applicable

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

**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 _____

**Filing Fee Is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

3-18-05

Date

850 267 7009

Daytime Phone #