


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90305 023 ****50.00

DOCUMENT # L04000006459 1. Entity Name F.B. MACK, LLC	
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Principal Place of Business 14514 PERDIDO KEY DR PENSACOLA, FL 32507	Mailing Address 13821 PERDIDO KEY DR PENSACOLA, FL 32507
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 14514 Perdido Key Dr. Suite, Apt. #, etc.
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City & State Pensacola, Fl	City & State Pensacola, Fl	4. FEI Number 26-1540806	Applied For <input type="checkbox"/> Not Applicable
Zip 32507	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

02222007 Chg-LLC CR2E083 (12/06)



6. Name and Address of Current Registered Agent

WEBER, JAMES S
501 COMMENDENCIA ST
PENSACOLA, FL 32502

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input checked="" type="checkbox"/> Delete
NAME	WALSH, DAVID E
STREET ADDRESS	14514 PERDIDO KEY DR
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	MGR <input type="checkbox"/> Delete
NAME	WALSH, MARY L
STREET ADDRESS	14514 PERDIDO KEY DR
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Lillian Walsh*

2-22-07

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

Date

Daytime Phone #