

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000018345

1. Entity Name

PENSACOLA GRASS WORKS, L.L.C.



Principal Place of Business

2890 WILDE LAKE BLVD.
PENSACOLA, FL 32526

Mailing Address

2890 WILDE LAKE BLVD.
PENSACOLA, FL 32526



01262006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2196503

Applied For

(Not Applicable)

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAINES, DOUGLAS D
2890 WILDE LAKE BLVD.
PENSACOLA, FL 32526

**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, 2006**

000000415940
02/11/06-90103-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MAINES, DOUGLAS D
3550 PINE FOREST RD LOT
PENSACOLA, FL 32526

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

lll - Doug D maines

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

Date

Daytime Phone

1/30/06 *850-909-1219*