

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90275 021 \*\*\*\*50.00

DOCUMENT # L04000047738

1. Entity Name  
1100 NORTH PALAFOX, LLC



Principal Place of Business  
236 WEST GARDEN STREET, STE. 4  
PENSACOLA, FL 32502

Mailing Address  
236 WEST GARDEN STREET, STE. 4  
PENSACOLA, FL 32502

2. Principal Place of Business - No P.O. Box #  
1100 North Palafox St  
Suite, Apt. #, etc.

3. Mailing Address  
1100 North Palafox St  
Suite, Apt. #, etc.



02112007 Chg-LLC CR2E083 (12/06)

City & State  
PENSACOLA FL  
Zip 32501 Country USA

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PENSACOLA FL  
Zip 32501 Country USA

4. FEI Number  
20-1307505  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

LEWIS, MARTIN S  
236 WEST GARDEN STREET, STE. 4  
PENSACOLA, FL 32502

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
1100 North Palafox St  
City PENSACOLA FL Zip Code 32501

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 *Martin S. Lewis*  
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, 2007

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME JURNOVOY, STEVEN D  
STREET ADDRESS 236 WEST GARDEN STREET, STE. 4  
CITY-ST-ZIP PENSACOLA, FL 32502 ☐ Delete

TITLE MGR  
NAME LEWIS, MARTIN S  
STREET ADDRESS 236 WEST GARDEN STREET, STE. 4  
CITY-ST-ZIP PENSACOLA, FL 32502 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS 1100 North Palafox St  
CITY-ST-ZIP PENSACOLA FL 32501 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 1100 North Palafox St  
CITY-ST-ZIP PENSACOLA FL 32501 ☒ Change ☐ Addition

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

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

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

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

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: *Martin S. Lewis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-13-07 850-432-9110  
Date Daytime Phone #

Martin S. Lewis