## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## **Secretary of State** DOCUMENT # L04000048642 MAIN STREET DEVELOPMENT OF PENSACOLA, LLC Principal Place of Business Mailing Address 41 N. JEFFERSON STREET, STE. 400 PENSACOLA FL 32502 P.O. BOX 12786 PENSACOLA FL 32591 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. tst MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 34-2009057 Not Applied Country Zip Country \$5.00 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ELLIS, H.E. JR. 485 JAMES RIVER ROAD Street Address (P.O. Box Number is Not Acceptable) **GULF BREEZE FL 32561** City 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 according to the state of Florida. the obligations of registered agent. Signature, typed on printed hence of registered agent and title if applicable. (NOTE Registered Agent signature required when retirstating) FILE NOW!!! FEE IS \$50.00 IJŨŨŬUU419931 Make Check Payable to Florida Department of State 02/15/06-90**029-003 150.00** Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 8. TITLE ☐ Change TITLE MGRM ☐ Delete NAME ELLIS, HE JR. NAME STREET ADDRESS 485 JAMES RIVER ROAD STREET ADDRESS CUTY-ST-ZIP DITY-ST-IP **GULF BREEZE FL 32561** TITLE TITLE Change Delete 30.83.0F NAME STAPLES, THOMAS C STREET ADDRESS STREET ADDRESS 190 E. GONZALEZ STREET CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32501 TITLE ☐ Delete TITLE ☐ Change NAME 2022/15 STREET ADURESS STREET ADDRESS City-St-2IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE D Ociete DRE ☐ A NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CATY-ST-200 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 limited liability company or the receiver outside empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

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Feb 03, 2006 08:00 AM