

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90022 005 ***138.75

DOCUMENT # L04000049691
 1. Entity Name
 RC ENTERPRISES OF PENSACOLA, L.L.C.



Principal Place of Business
 2810 COPTER ROAD
 PENSACOLA, FL 32514

Mailing Address
 P.O. BOX 7548
 PENSACOLA, FL 32534

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2. Principal Place of Business - No P.O. Box #
 2814-A Copter Road
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01042008 Chg-LLC CR2E083 (12/06)

City & State
 Pensacola, FL

City & State

Zip
 32514

Country

4. FEI Number
 90-0190657

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 COTTON, C. WAYNE
 2810 COPTER ROAD
 PENSACOLA, FL 32514

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM	ROBERTSON, WILSON P.O. BOX 7548 PENSACOLA, FL 32534	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	COTTON, C. WAYNE	NAME	
STREET ADDRESS	P.O. BOX 7548	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32534	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Wayne Cotton 1-4-08 850-476-7986
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #