

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000079303**

1. Entity Name  
**TAILGATER INVESTMENTS, LLC**



Principal Place of Business  
**25 W GOVERNMENT STREET  
PENSACOLA, FL 32502**

Mailing Address  
**25 W GOVERNMENT STREET  
PENSACOLA, FL 32502**



01142008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1828694</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**MOORHEAD, STEPHEN R  
25 W GOVERNMENT STREET  
PENSACOLA, FL 32502**

**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 \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	MOORHEAD, STEPHEN R
STREET ADDRESS	25 W GOVERNMENT STREET
CITY-ST-ZIP	PENSACOLA, FL 32502

TITLE	MGR
NAME	FISHER, MARK
STREET ADDRESS	3244 ELCANO LANE
CITY-ST-ZIP	CANTONMENT, FL 32533

TITLE	MGR
NAME	GODFREY, JEFFREY D
STREET ADDRESS	4771 BAYOU BLVD BOX 322
CITY-ST-ZIP	PENSACOLA, FL 32503

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000791069  
01/23/08-80059-012 138.75

**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:** \_\_\_\_\_

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

1/18/2008

Date

Daytime Phone #