


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000085294</b>	
1. Entity Name 29 NORTH, LLC	

Principal Place of Business 2268 LAVISTA AVENUE PENSACOLA, FL 32504	Mailing Address P.O. BOX 11800 PENSACOLA, FL 32524
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02212008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1920427	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

VREDENBURG, J. BRUCE  
 2153 COPLEY DRIVE  
 PENSACOLA, FL 32503

**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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	MGR VREDENBURG, J. BRUCE 2153 COPLEY DRIVE PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROVER, IV, ROBINSON C. 2268 LADISTA AVE. PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ETHEIDGE, BRENTON L. P.O., BOX 17432 PENSACOLA, FL 32522
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000858159  
 04/01/08-80033-015 138.75

**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]* Date: 2/22/08 850-433-8261