

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90338 047 \*\*\*\*50.00

**DOCUMENT # L04000091901**

1. Entity Name  
**SAN ANDRES #301 LLC**



Principal Place of Business  
**4370 DEVEREUX DRIVE  
PENSACOLA, FL 32504 US**

Mailing Address  
**4370 DEVEREUX DRIVE  
PENSACOLA, FL 32504 US**

40097007



2. Principal Place of Business - No P.O. Box #  
**8500 Fowler Avenue**

3. Mailing Address  
**8500 Fowler Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262007 Chg-LLC CR2E083 (12/06)

City & State  
**Pensacola, FL**

City & State  
**Pensacola, FL**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

Zip  
**32534**

Country  
**USA**

Zip  
**32534**

Country  
**USA**

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

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

**7. Name and Address of New Registered Agent**

**ONEILL, JOHN M III  
4370 DEVEREUX DRIVE  
PENSACOLA, FL 32504**

Name  
**John Michael O'Neill, III**

Street Address (P.O. Box Number is Not Acceptable)  
**8500 Fowler Avenue**

City  
**Pensacola FL** Zip Code  
**32534**

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)

4/27/07

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ONEILL, JOHN M III  
4370 DEVEREUX DRIVE  
PENSACOLA, FL 32504** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
John Michael O'Neill, III  
8500 Fowler Avenue  
Pensacola, FL 32534** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Delete

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 606, Florida Statutes.

**SIGNATURE**

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


4/27/07 850-484-7977

Date

Daytime Phone #

COPY

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L04000091901</b>			
<b>1. Entity Name</b> SAN ANDRES #301 LLC		<b>Principal Place of Business</b> 4370 DEVEREUX DRIVE PENSACOLA, FL 32504 US	
<b>2. Principal Place of Business - No P.O. Box #</b> 8500 Fowler Avenue		<b>Mailing Address</b> 4370 DEVEREUX DRIVE PENSACOLA, FL 32504 US	
<b>Suite, Apt. #, etc.</b>		<b>3. Mailing Address</b> 8500 Fowler Avenue	
<b>City &amp; State</b> Pensacola, FL		<b>City &amp; State</b> Pensacola, FL	
<b>Zip</b> 32534		<b>Country</b> USA	
<b>4. FEI Number</b> NOT APPLICABLE		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ONEILL, JOHN M III 4370 DEVEREUX DRIVE PENSACOLA, FL 32504		<b>7. Name and Address of New Registered Agent</b> <b>Name</b> John Michael O'Neill, III <b>Street Address (P.O. Box Number is Not Acceptable)</b> 8500 Fowler Avenue <b>City</b> Pensacola <b>FL</b> <b>Zip Code</b> 32534	
<b>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.</b> <b>SIGNATURE</b> _____ <b>DATE</b> 4/27/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
<b>TITLE</b> MGRM <b>NAME</b> ONEILL, JOHN M III <b>STREET ADDRESS</b> 4370 DEVEREUX DRIVE <b>CITY-ST-ZIP</b> PENSACOLA, FL 32504	<input type="checkbox"/> Delete	<b>TITLE</b> MGRM <b>NAME</b> John Michael O'Neill, III <b>STREET ADDRESS</b> 8500 Fowler Avenue <b>CITY-ST-ZIP</b> Pensacola, FL 32534	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>			
<b>SIGNATURE</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		4/27/07 850-484-7977 <small>Date Daytime Phone #</small>	

ATTACHMENT

40097604