


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2007 90338 050 \*\*\*\*50.00

<b>DOCUMENT # L04000091913</b>		
1. Entity Name <b>SAN ANDRES #705 LLC</b>		

Principal Place of Business <b>4370 DEVEREUX DRIVE PENSACOLA, FL 32504 US</b>	Mailing Address <b>4370 DEVEREUX DRIVE PENSACOLA, FL 32504 US</b>
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2. Principal Place of Business - No P.O. Box # <b>8500 Fowler Avenue</b>	3. Mailing Address <b>8500 Fowler Avenue</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Pensacola, FL</b>	City & State <b>Pensacola, FL</b>
Zip <b>32534</b> Country <b>USA</b>	Zip <b>32534</b> Country <b>USA</b>

**40097601**



**04262007 Chg-LLC CR2E083 (12/06)**

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

6. Name and Address of Current Registered Agent <b>ONEILL, GONA O 4370 DEVEREUX DRIVE PENSACOLA, FL 32504</b>	7. Name and Address of New Registered Agent Name <b>Gina O. O'Neill</b> Street Address (P.O. Box Number is Not Acceptable) <b>8500 Fowler Avenue</b> City <b>Pensacola</b> <b>FL</b> Zip Code <b>32534</b>
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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 *Gina O'Neill* DATE **4/27/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ONEILL, GINA O 4370 DEVEREUX DRIVE PENSACOLA, FL 32504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Gina O. O'Neill 8500 Fowler Avenue Pensacola, FL 32534 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Gina O'Neill* DATE **4/27/07** 850-554-7488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

# COPY

## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L04000091913**

1. Entity Name  
**SAN ANDRES #705 LLC**



**ATTACHMENT**

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

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

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**8500 Fowler Avenue**  
Suite, Apt. #, etc.

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

6. Name and Address of Current Registered Agent

**ONEILL, GONA O  
4370 DEVEREUX DRIVE  
PENSACOLA, FL 32504**

7. Name and Address of New Registered Agent

Name  
**Gina O. O'Neill**

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

City  
**Pensacola FL 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

*Gina O'Neill*

4/27/07

Signature, typed or printed name of registered agent and title if applicable.

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DATE

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Due by May 1, 2007**

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

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10. ADDITIONS/CHANGES

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CITY-ST-ZIP  
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ONEILL, GINA O  
4370 DEVEREUX DRIVE  
PENSACOLA, FL 32504** ☐ Delete

TITLE  
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**MGRM  
Gina O. O'Neill  
8500 Fowler Avenue  
Pensacola, FL 32534** ☒ Change ☐ Addition

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**SIGNATURE:**

*Gina O'Neill*

4/27/07

850-554-7488

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

Date

Daytime Phone #