


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000081819</b> 1. Entity Name 297, LLC	
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Principal Place of Business 5805 SAUFLEY FIELD ROAD PENSACOLA, FL 32526	Mailing Address 5805 SAUFLEY FIELD ROAD PENSACOLA, FL 32526
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**DO NOT WRITE IN THIS SPACE**



04072008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4768505	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  MOORHEAD, STEPHEN R 25 WEST GOVERNMENT STREET PENSACOLA, FL 32502
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**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 Lorine Heaton LORINE HEATON 4-07-08  
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**

U000000890520  
04/22/08-80095-024 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STAFFORD, TODD 5805 SAUFLEY FIELD ROAD PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEATON, LORINE 5805 SAUFLEY FD RD PENSACOLA, FL 32526
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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: Lorine Heaton LORINE HEATON 4-7-08 850-453-1253  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #