


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000084047</b> 1. Entity Name NRT OF PENSACOLA, LLC	
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Principal Place of Business 120 EAST MAIN STREET, SUITE A PENSACOLA, FL 32502	Mailing Address 120 EAST MAIN STREET, SUITE A PENSACOLA, FL 32502
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<b>DO NOT WRITE IN THIS SPACE</b>
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02162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 26-0125201	Applied For 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  SWAINE, RONALD E 120 EAST MAIN STREET, SUITE A 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

U00000660926  
03/20/07-80017-001 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NASH, NEAL B 120 EAST MAIN STREET, SUITE A PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWAINE, RONALD E 120 EAST MAIN STREET, SUITE A PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAMPARY, ANTHONY T JR 120 EAST MAIN STREET, SUITE A PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**

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

Date

Daytime Phone #

*A.T. TAMPARY, Jr.* 3/6/07 850 429 8640