

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 09, 2007 08:00 AM  
Secretary of State

DOCUMENT # L05000115073

1. Entity Name  
PENSACOLA RACQUET CLUB, LLC



Principal Place of Business  
3190 AIRPORT DRIVE  
GULF SHORES, AL 36542

Mailing Address  
3190 AIRPORT DRIVE  
GULF SHORES, AL 36542



01082007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
84-1695422

Applied For  
Not Applicable

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

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

BORDELON LAW FIRM, P.L.  
2721 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U000000630229  
02/19/07-80032-018 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MARTIN, PHILIP J  
3190 AIRPORT DRIVE  
GULF SHORES, AL 36542

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #