


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State


05-16-2007 90172 041 ****55.00

DOCUMENT # L05000117726	
1. Entity Name M. & O. OF PENSACOLA CENTRAL LLC	

Principal Place of Business 1603 HUNTERS CREEK DRIVE CANTONMENT, FL 32533	Mailing Address 1603 HUNTERS CREEK DRIVE CANTONMENT, FL 32533
---	---

DO NOT WRITE IN THIS SPACE

40115010



05012007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3924102	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KING JAMES W JR 945 W. MICHIGAN AVE PENSACOLA, FL 32505 WRIGHT MARTIN L. 1603 HUNTERS CREEK DR CANTONMENT, FL. 32533	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: Martin L. Wright (NOTE: Registered Agent signature required when reinstating) DATE: 5-1-07

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WRIGHT, MARTIN L 1603 HUNTER CREEK DRIVE CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAVAGE, JAMES A 1603 HUNTERS CREEK DRIVE CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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: Martin L. Wright 5-1-07 850-554-8079

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