

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90034 049 ****50.00

DOCUMENT # L05000119084	
1. Entity Name PENSACOLA RACQUET CLUB RESTAURANT, LLC	

Principal Place of Business 3450 WIMBLEDON DRIVE PENSACOLA, FL 32504	Mailing Address* 3190 AIRPORT DRIVE GULF PORT, AL 36542
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3190 Airport Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Gulf Shores, AL	
Zip	Country	Zip 36542	Country USA



01082007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent PURNELL, HAROLD F.X. 215 SOUTH MONROE STREET, SUITE 420 TALLAHASSEE, FL 32301-1841		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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.

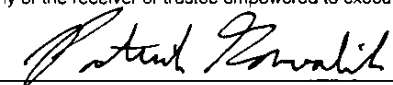
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNR PENSACOLA RACQUET CLUB LLC 3190 AIRPORT DRIVE GULF PORT, AL 36542 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KONVALINKA, PATRICK 27501 PERDIDO BEACH BLVD #102 ORANGE BEACH, AL 36561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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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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

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:  **1-11-2007** **251-968-5745**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #