


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 20, 2007 8:00 am
Secretary of State

08-20-2007 90183 022 ****55.00

DOCUMENT # L06000009527	
1. Entity Name NORTH FLORIDA FINANCIAL PENSCOLA, LLC	

Principal Place of Business 41 NORTH JEFFERSON STREET SUITE 105 PENSACOLA, FL 32502	Mailing Address 41 NORTH JEFFERSON STREET SUITE 105 PENSACOLA, FL 32502
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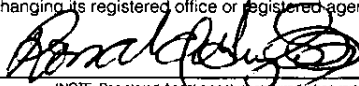
2. Principal Place of Business - No P.O. Box # 25 W. CEDAR ST	3. Mailing Address 25 W. CEDAR ST.
Suite, Apt. #, etc. SUITE 665	Suite, Apt. #, etc. SUITE 665

City & State PENSACOLA FLORIDA	City & State PENSACOLA, FLORIDA
Zip 32502	Zip 32502
Country 	Country USA




08152007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent GUY, RONALD 41 NORTH JEFFERSON STREET SUITE 105 PENSACOLA, FL 32502	
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7. Name and Address of New Registered Agent Name RONALD GUY Street Address (P.O. Box Number is Not Acceptable) 25 W. CEDAR ST. STE 665 City PENSACOLA FL 32502	
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 RONALD GUY MGR  DATE 8-16-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUY, RONALD 41 NORTH JEFFERSON STREET SUITE 105 PENSACOLA, FL 32502 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RONALD GUY 25 W. CEDAR ST SUITE 665 PENSACOLA, FLORIDA 32502 <input checked="" 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
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: RONALD GUY MGR 		Date 8-16-07	Daytime Phone # 850 637-1699