2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

DOCUMENT # L06000054130

8/31/2007-90066-006-\$50.00-\$50.00

1. Entity Name				-	LEU	
BARRACUDA OF PENSACOLA, LLC						
Drancinal Olar	no of Pusiones	Madina Address	C. T. F.	On rone	T 18 P 2: 13	
Principal Place of Business		Mailing Address		1001 00	- OTATE	
2010 E. MALLORY 2010 E. MALLORY PENSACOLA FL 32503 PENSACOLA FL 32503				SECRE	TARY OF STATE	an de la company
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			aeite Edile auset pirk eftet (1908 (1911 AE)	1021 III 1421
Suite. Apt. #. etc.		Suite, Apt. #, etc		2nd MOORE	CR2E083 (4/07)	
City & State		City & State		4. FEI Number	y p	oplied For of Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desire	\$5.00	ditional
6. Name and Address of Current Registered Agent				7. Name and Address of Ne	w Registered Agent	
IDVAN COV			Name			
201	N, COY 0 E. MALLORY ISACOLA FL 32503		Street Addres	s (P.O. Box Number is Not Accept	able)	 .
PENSACOLA I E 32303				· · · · ·		
			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 Separature, great or pilland different separature special special separature (PADE Repositions Agent superature requirements)						7_
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007						
<u> </u>	ANNACING MEMOR					
9.	MANAGING MEMBE	Delete	ITLE	ADDITIO	NS/CHANGES	
NAME.	SWITZER, ROBERT	C Delete	NAME		☐ Change	Addition
STREET ADDRESS	92 HIGHPOINT DRIVE		STREET ADDRESS			
CITY-S1-ZIP	GULF BREEZE FL 32561		CITY-ST-ZIP			
TILE	MGR	Oelete	TITLE		☐ Change	Addition
NAME STREET ADDRESS	HUDSON, HAROLD 2109 BAYOU BLVD.		NAME CERTET LODGE CC			
	PENSACOLA FL 32503		STRUCT ADDRESS CITY-ST-ZIP			
RILE	MGR	☐ Delete	HILE		☐ Change	Addition
NAME	IRVIN, COY		NAME			
	2010 E. MALLORY		STREET ADDRESS			
	PENSACOLA FL 32503		CITY-S1-ZIP			
TITLE NAME		Delete	NAMI.		☐ Change	Addition
STREET ADDRESS			STREET ADORESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			j
STREET ADDRESS :			STREET ADDRESS			
			CITY-SI-ZIP			
TITLE NAME		Delete	TIFLE NAME		☐ Change	Addition
STREET ADDRESS			STREET ADDRESS			1
CHY-SI-ZIP			CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filting does not outsily 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 1 i nade under oath; that 1 am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this required by Chapter 608, Florida Statutes.						
82107						

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