
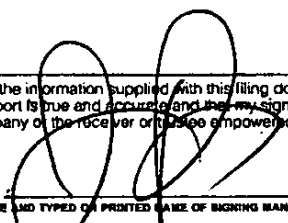


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
7. Aug 15, 2008 8:00 am
Secretary of State

07-16-2008 90021 026 ***138.75

DOCUMENT # L07000009529			
1. Entity Name CONNELL-AIRPORT, LLC			
Principal Place of Business 2107 AIRPORT BLVD. PENSACOLA, FL 32504		Mailing Address 2107 AIRPORT BLVD. PENSACOLA, FL 32504	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 2245	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State PENSACOLA, FL	
Zip	Country	Zip 32513	Country US
6. Name and Address of Current Registered Agent CONNELL, JOHN B 2107 AIRPORT BLVD. PENSACOLA, FL 32504		4. FEI Number 20-8464983	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent		Applied For Not Applicable	
Name		City FL	
Street Address (P.O. Box Number is Not Acceptable)		Zip Code	
City			
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 reappointing)			
FILE NOW!!! FEE IS \$138.75... Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRINCIPAL JOHN B. CONNELL 2107 AIRPORT BLVD PENSACOLA, FL 32504	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
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
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
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 the 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		JOHN BAARS CONNELL 7/10/08 850 478 4141	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

ATTACHMENT
30010902

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



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2008 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the 'Continue' button at the bottom to generate the annual report form.

**** The document number, business name and file date cannot be changed on the report. ****

Document Number 107000009529

Business Entity Name CONNELL-AIRPORT, LLC

Original File Date 01/25/2007

FEI Number

Principal Address 2107 AIRPORT BLVD.
PENSACOLA, FL 32504

Mailing Address 2107 AIRPORT BLVD.
PENSACOLA, FL 32504

Registered Agent JOHN B CONNELL
2107 AIRPORT BLVD.
PENSACOLA, FL 32504

Managing Member/Manager Name And Address

After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.