

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000018089

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** MPIRICAL PROPERTY MANAGEMENT, LLC

**Current Principal Place of Business:**

440 E HEINBERG ST  
PENSACOLA, FL 32502 US

**New Principal Place of Business:**

40 PALAFOX PLACE  
SUITE 501  
PENSACOLA, FL 32502 US

**Current Mailing Address:**

440 E HEINBERG ST  
PENSACOLA, FL 32502 US

**New Mailing Address:**

P. O. BOX 13407  
PENSACOLA, FL 32591 US

**FEI Number:** 20-8456254

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MALONEY, JOSEPH  
4050 INDIGO  
UNIT #103  
PENSACOLA, FL 32507 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NIELSEN, DAVID K  
Address: 40 PALAFOX PLACE, SUITE 501  
City-St-Zip: PENSACOLA, FL 32502 US

Title: MGRM  
Name: MALONEY, JOSEPH A  
Address: P. O. BOX 13407  
City-St-Zip: PENSACOLA, FL 32591 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH A. MALONEY

MR.

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date