

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 8:00 am** 30  
**Secretary of State**

04-10-2008 90131 032 \*\*\*138.75

DOCUMENT # L07000062320					
1. Entity Name THE WHARF UNIT 804, L.L.C.					
Principal Place of Business 7494 FLOYD DRIVE PENSACOLA, FL 32526			Mailing Address 7494 FLOYD DRIVE PENSACOLA, FL 32526		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HENDERSON, JACK C 7494 FLOYD DRIVE PENSACOLA, FL 32526				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 _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, JACK C.		NAME		
STREET ADDRESS	7494 FLOYD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32526		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, CHAD		NAME		
STREET ADDRESS	421 WILSON AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Jack Henderson</i>			4/7/08		850-944-1326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #

60001110



04022008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
23-1170755

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HENDERSON, JACK C  
 7494 FLOYD DRIVE  
 PENSACOLA, FL 32526

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 FL Zip Code

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Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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 STREET ADDRESS 7494 FLOYD DRIVE  
 CITY-ST-ZIP PENSACOLA, FL 32526

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 NAME HENDERSON, CHAD  
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 CITY-ST-ZIP TALLAHASSEE, FL 32303

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