


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90073 007 \*\*\*138.75

<b>DOCUMENT # L07000067099</b>			
1. Entity Name NORTH FLORIDA FINANCIAL PENSACOLA, II, LLC			
Principal Place of Business 25 W. CEDAR STREET SUITE 665 PENSACOLA, FL 32502		Mailing Address 25 W. CEDAR STREET SUITE 665 PENSACOLA, FL 32502	
2. Principal Place of Business - No P.O. Box # 4400 Bayou Blvd Bldg 58A Pensacola, FL 32503		3. Mailing Address 4400 Bayou Blvd Bldg 58A Pensacola, FL 32503	
4. FEI Number 26-0443470		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent GUY, RONALD 2708 ASHBURY LANE CANTONMENT, FL 32533		7. Name and Address of New Registered Agent Name: RONALD GUY Street Address (P.O. Box Number is Not Acceptable) 4400 Bayou Blvd, Bldg 58A City: Pensacola FL 32503	
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 obligation of the registered agent. SIGNATURE: PAMELA KEEN (Signature, typed or printed name of registered agent and title if applicable.) DATE: 1-23-08			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGM GUY, RONALD 2708 ASHBURY LANE CANTONMENT, FL 32533 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RONALD GUY 4400, Bayou Blvd Bldg 58A Pensacola, FL 32503 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGM KEEN, PAMELA 19 HIGHPOINT GULF BREEZE, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAMELA KEEN 4400 Bayou Blvd, Bldg 58A Pensacola, FL 32503 <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
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 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: PAMELA KEEN (Signature, typed or printed name of signing managing member, manager, or authorized representative) DATE: 1-23-08 DAYTIME PHONE #: 850-637-1699