2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000083094

Current Principal Place of Rusiness:

Title:

Title:

Name:

Address: City-St-Zip:

Name:

Address:

City-St-Zip:

MGR

MGR

() Delete

() Delete

PRICE, CHRISTOPHER S

PENSACOLA, FL 32504 US

PENSACOLA, FL 32514 US

1040 PALISADE DR.

PRICE, ROBERT E

7738 DEBORAH DRIVE

Entity Name: PENSACOLA DEVELOPMENT GROUP, LLC

FILED Apr 22, 2008 Secretary of State

New Principal Place of Rusiness:

Our Circi	merpar i iace v	or Dusiness.	New i inicipal i	New I Interpart face of Dasiness.		
SUITE 300	LEN STREET LA, FL 32502	US	7407 WOODSIDE PENSACOLA, FL		US	
Current Ma	ailing Address	::	New Mailing Add	New Mailing Address:		
SUITE 300	LEN STREET LA, FL 32502	US	7407 WOODSIDE PENSACOLA, FL		US	
FEI Number:	26-0671349	FEI Number Applied For ()	FEI Number Not Applicable () (Certificate of Status Desired ()
Name and	Address of Cu	ırrent Registered Agent:	Name and Addre	Name and Address of New Registered Agent:		
SUITE 300	JOHN LEN STREET LA, FL 32502	US		HOSMAN, JOHN 7407 WOODSIDE ROAD PENSACOLA, FL 32526 US		
The above in the State		ubmits this statement for the po	urpose of changing its regis	itered offic	ce or registered agent, or	both,
SIGNATUR	E: JOHN HOS	SMAN			04/22/2008	
	Electronic	Signature of Registered Age	nt		Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGR () E HOSMAN, JOHN 7407 WOODSIDI PENSACOLA, FL		Title: Name: Address: City-St-Zip:	() Cl	hange()Addition	
Title: Name: Address: City-St-Zip:	MGR () E HOSMAN, JAMES 2054 JUNO CIRC PENSACOLA, FL	CLE	Title: Name: Address: City-St-Zip:	() Cl	hange()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

() Change () Addition

() Change () Addition

SIGNATURE: JOHN HOSMAN MGR 04/22/2008