

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90171 048 \*\*\*138.75



**DOCUMENT # L07000093564**

1. Entity Name  
**GROUSE MOUNTAIN, LLC**

Principal Place of Business  
**120 E. MAIN STREET, STE. A  
PENSACOLA, FL 32502**

Mailing Address  
**120 E. MAIN STREET, STE. A  
PENSACOLA, FL 32502**

**60025203**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**41-2251945**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOOKMAN, ALAN B  
30 SOUTH SPRING STREET  
PENSACOLA, FL 32502**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **MANAGING MEMBER** ☐ Delete  
NAME **NEAL B. NASH**  
STREET ADDRESS **120 E. MAIN ST., STE. A**  
CITY-ST-ZIP **PENSACOLA FL 32502**

TITLE ☐ Change ☐ Addit  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MANAGER** ☐ Delete  
NAME **REUBEN B. TIMMONS**  
STREET ADDRESS **120 E MAIN ST., SUITE A**  
CITY-ST-ZIP **PENSACOLA, FL - 32502**

TITLE ☐ Change ☐ Addit  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MANAGER** ☐ Delete  
NAME **ERIC J. NICKELSEN**  
STREET ADDRESS **120 E. MAIN ST., SUITE A**  
CITY-ST-ZIP **PENSACOLA, FL - 32502**

TITLE ☐ Change ☐ Addit  
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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:

*[Handwritten Signature]*