

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000081397

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** 13817 PERDIDO KEY DRIVE UNIT 704, L.L.C.

**Current Principal Place of Business:**

13564 PERDIDO KEY DR.  
PENSACOLA, FL 32507

**New Principal Place of Business:**

13817 PERDIDO KEY DRIVE  
704  
PENSACOLA, FL 32507

**Current Mailing Address:**

13564 PERDIDO KEY DR.  
PENSACOLA, FL 32507

**New Mailing Address:**

**FEI Number:** 26-3726401      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PAS, MIKE  
13564 PERDIDO KEY DRIVE  
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:** TERN KEY REALTY AND RENTALS, L.L.C.  
**Address:** 4709 BLUEBONNET BLVD. SUITE A  
**City-St-Zip:** BATON ROUGE, LA 70809

**Title:** MGR  
**Name:** PAS, MIKE  
**Address:** 13564 PERDIDO KEY DR.  
**City-St-Zip:** PENSACOLA, FL 32507

**Title:** MGR  
**Name:** KEARNS, MARTIN J  
**Address:** 4709 BLUEBONNET BLVD SUITE A  
**City-St-Zip:** BATON ROUGE, LA 70809

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: MIKE PAS      MGR      02/17/2011

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