

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L94000000018**

1. Entity Name  
**SUNRISE HOSPITALITY OF PENSACOLA BEACH  
LIMITED LIABILITY COMPANY**



Principal Place of Business

**BAY BRIDGE PROFESSIONAL PARK  
BLDG. 113  
GULF BREEZE, FL 32561**

Mailing Address

**BAY BRIDGE PROFESSIONAL PARK  
BLDG. 113  
GULF BREEZE, FL 32561**



04162007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3217281**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**INNISFREE HOTELS INC.  
BAY BRIDGE PROFESSIONAL PARK  
BLDG. 113  
GULF BREEZE, FL 32561**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

|                |  |
|----------------|--|
| TITLE          | MGRM                                   |
| NAME           | MACQUEEN, JULIAN B                     |
| STREET ADDRESS | BAY BRIDGE PROFESSIONAL PARK BLDG. 113 |
| CITY-ST-ZIP    | GULF BREEZE, FL 32561                  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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05/07/07-80015-025 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**JACK WORK**

**4/16/07 850-934-3609**

Date

Daytime Phone #