## FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

**APPROVED** AND

1997 JAN 27 PM 3: 01

199	97	TILLI	DIVISION O	F CORPO	ORATIONS .	1777	William .			
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE						SECRETARY OF STATE TALLAHASSEE.FLORIDA				
1 Name and Malling Address of Limited Liability Company DOCUMENT #L9400000280										
COUNTRY CLUB ASSOCIATES OF PENSACOLA, L P.O. BOX 12587 * OWN INVESTMENTS, INC. PENSACOLA FL 32573						1a. Principal Place of Business Address  107 SOUTH PACE BLVD. PENSACOLA FL 32501				
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.										
Principal Place of Bu	29. Mailin	Malling Address  O OWO DUVESTMENTS INC.				3. Date Organized or Qualified 3a. State of Formation				
Suite, Apt. #, etc.		P.O. Bex 12587			06/20/1994 FL 4. FEI Number			Applied For		
City & State	City & Sta		FL	•	59-3252718 5. Date of Last Report		Not Applicable  6. Certificate of Status Desired			
Zip	Country	325	73	Country		5. Daie of Last Ai			board Fee Required	
7. Name and Address of Current F		Registered	Registered Agent				ddress of New Registe		stered Agent	
its registered office or re as registered agent, an	Zip Code  FL  Zip Code  I liability company submits this statement for the purpose of changing ative vote of a majority of the members. I hereby accept the appointment									
SIGNATURE [Flagistered Agent Accepting Appointment] (NOTE Registered Agent signature required when reinstating										
10. Title M	. Title Managing Members/Managers		Business Street Address			City, State and Zip Code				
MEM OWO IN	VESTMENTS, 1	NC.	407 SOU	TH P	ACE BLVD ACE BLVD RENE DR.	. 1	ENSACOL ENSACOL DIO 20 -01/29/ ****20	A FL A FL 171:	990-2 1028-013 ****203.75	
11. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information										

indicated on this annual 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 to Execute this report as report as re attachment with an address COUNTRY CLUB ASSOCIATES OF PENSAC

SIGNATURE: BY: OWO INVESTMENTS, INC.

MANAGING PARTY FR.
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
BY: ROBERT T. WINDHAM, PRESIDENT