

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90417 005 ****50.00

DOCUMENT # L98000003406

1. Entity Name
SANTA ROSA DJJ FACILITY, L.L.C.



Principal Place of Business
21 E. GARDEN STREET, SUITE 200
PENSACOLA, FL 32501

Mailing Address
21 E. GARDEN STREET, SUITE 200
PENSACOLA, FL 32501



03182004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3557796

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DELGALLO, STEVEN P
21 E. GARDEN STREET, SUITE 200
PENSACOLA, FL 32501

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SCHWEIZER, W. TODD
866 SANTA ROSA BOULEVARD
FORT WALTON BEACH, FL 32548

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DELGALLO, STEVEN P
21 E. GARDEN STREET, SUITE 200
PENSACOLA, FL 32501

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

3/22/2004

Date

850-282-8337

Daytime Phone #