


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000005489	
1. Entity Name PACIFICA INVESTMENTS, L.L.C.	

Principal Place of Business 700 ABERDEEN LOOP SUITE A PANAMA CITY, FL 32405	Mailing Address 700 ABERDEEN LOOP SUITE A PANAMA CITY, FL 32405
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03142003 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3594844	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MOLLMAN, B. KEITH 700 ABERDEEN LOOP SUITE A PANAMA CITY, FL 32405	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.	

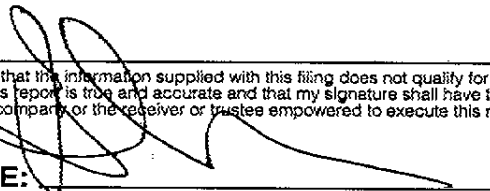
SIGNATURE _____		DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$50.00
Due by September 8, 2004

U00000161470
05/25/04-80002-001 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLLAND, EDWARD W III 700 ABERDEEN LOOP SUITE A PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOLLMAN, B. KEITH 700 ABERDEEN LOOP SUITE A PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLLAND III, EDWARD W 700 ABERDEEN LOOP SUITE A PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCABE, DENNIS 700 ABERDEEN LOOP SUITE A PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS 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: 
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>
<small>Date _____ Daytime Phone # _____</small>