

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90084 049 \*\*\*\*55.00

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**DOCUMENT # L99000005489**

1. Entity Name

**PACIFICA INVESTMENTS, L.L.C.**



Principal Place of Business

**700 ABERDEEN LOOP  
SUITE A  
LYNN HAVEN FL 32405**

Mailing Address

**700 ABERDEEN LOOP  
SUITE A  
LYNN HAVEN FL 32405**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Panama City, FL**

City & State

**Panama City, FL**

Zip

Country

Zip

Country

4. FEI Number **59-3594844**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MOLLMAN, B. KEITH  
700 ABERDEEN LOOP  
SUITE A  
PANAMA CITY FL 32405**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>HOLLAND, EDWARD W III</b>	
STREET ADDRESS	<b>700 ABERDEEN LOOP SUITE A</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32405</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>MOLLMAN, B. KEITH</b>	
STREET ADDRESS	<b>700 ABERDEEN LOOP SUITE A</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32405</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>HOLLAND III, EDWARD W</b>	
STREET ADDRESS	<b>700 ABERDEEN LOOP SUITE A</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32405</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>MCCABE, DENNIS</b>	
STREET ADDRESS	<b>700 ABERDEEN LOOP SUITE A</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32405</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 B. KEITH Mollman**

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

Date

Daytime Phone #

**02/25/03 850-265-9473**

CR2E083 (10/02)