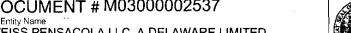
## **2004 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**





FILED
May 18, 2004 8:00 am
Secretary of State
05-18-2004 90198 029 \*\*\*\*50.00

1. Entity Nam WEISS P	MENT # MU3000002 ENSACOLA LLC, A DELAW COMPANY						70170 023		3.00
Principal Place of Business		Mailing Address			,	240	176436	)	
8240 NORTH DAVIS HIGHWAY PENSACOLA, FL <sup>-</sup> 32514		8240 NORTH DAVIS HIGHWAY PENSACOLA, FL 32514							
2. Principal Place of Business		3. Mailing Address 277 GGRMAN OAK							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01132004	Chg-LLC	CR2E083	(10/03)		
City & State		Siy & State CCRDCVA. TN		<i>-</i>	4. FEI Numbe 20-0108				olied For Applicable
Zip	Country	38018	Countr	Elby		of Status Desired		.00 Addi	tional
	6. Name and Address of Current				7. Name and	Address of New R			
SHERMAN, ANTHONY				Name					
8240 NOR	TH DAVIS HIGHWAY DLA, FL 32514	Street Address			(P.O. Box Number is Not Acceptable)				
		City					FL	Zip Code	
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	s registered	d office or register	red agent, or both	n, in the State of Flo	orida. I am fam	illiar with, a	and accept
SIGNATURE .	Signature, typed or printed name of registered agent.	and title if applicable. (NOT	E: Registered	Agent signature required	when reinstating)		DATE		
	iling Fee is \$50.00 ue by May 1, 2004						e check paya Department		
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	CHANGES	<u> </u>	
TITLE NAME	MGR WEISS, RONALD	Delete	TITLE NAME					Change	Addition
STREET ADDRESS	998 SUNNYHILLS ROAD			T ADDRESS					
CITY-ST-ZIP	OAKLAND, CA 94610		CITY-S	ST-ZIP					
TITLE NAME	MGR TPD ACCOMODATOR SERVICE	□ Delete	TITLE					Change	Addition
STREET ADDRESS	500 YGNACIO VALLEY RD., #35	•		I ADDRESS					1
CITY-ST-ZIP	WALNUT CREEK, CA 94596		CITY-S	ST-ZIP					
TITLE NAME		☐ Delete	TITLE			•	L	Change	Addition
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			CITY-5	ST-ZIP					
TITLE NAME	_	☐ Delete	TITLE				L.	Change	☐ Addition
STREET ADDRESS			STREE	T ADDRESS					į
CITY-ST-ZIP			CITY-S	ST-ZIP					
TITLE NAME		Delete	TITLE NAME				L	] Change	☐ Addition
STREET ADDRESS			4	T ADDRESS					1
CITY-ST-ZIP			CITY-	ST - ZIP					
TITLE NAME		Delete	TITLE NAME				L	Change	Addition
STREET ADDRESS				T ADDRESS					1
CITY-ST-ZIP				ST-ZIP	<u> </u>				
indicated	certify that the information supplied with on this report is true and accurate and billity company or the received or trusted	#hat my signature shall have	the same	legal effect as if r	nade under datn;	that I am a manag	I further certify ging member o	that the in ir managei	formation r of the
SIGNAT		F SIGNING MANAGING MEMBER, MA	ANAGER, OR	AUTHORIZED REPRESE	ENTATIVE	Date	Dayte	me Phone #	