

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002537

FILED  
Feb 21, 2005  
Secretary of State

**Entity Name:** WEISS PENSACOLA LLC, A DELAWARE LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

8240 NORTH DAVIS HIGHWAY  
PENSACOLA, FL 32514

**New Principal Place of Business:**

**Current Mailing Address:**

277 GORMAN OAK  
CORDOVA, TN 38018

**New Mailing Address:**

38 MILLER AVENUE  
SUITE 109  
MILL VALLEY, CA 94941

FEI Number: 20-0108495

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD., INC.  
103 N. MERIDIAN STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: WEISS, RONALD  
Address: 998 SUNNYHILLS ROAD  
City-St-Zip: OAKLAND, CA 94610

Title: MGR ( ) Delete  
Name: TPD ACCOMODATOR SERV, ICES, LLC  
Address: 500 YGNACIO VALLEY RD., #350  
City-St-Zip: WALNUT CREEK, CA 94596

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ANTHONY JON SHERMAN

MANA

02/21/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date