

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002407

FILED
Jun 21, 2006
Secretary of State

Entity Name: GE GENERATORS (PENSACOLA), L.L.C.

Current Principal Place of Business:

8301 SCENIC HIGHWAY
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

8301 SCENIC HIGHWAY
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 14-0689340 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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/MANAGERS:

Title: MGR () Delete
Name: ZWOLINSKI, STEVEN
Address: 4200 WILDWOOD PARKWAY
City-St-Zip: ATLANTA, GA 30339

Title: MGR () Delete
Name: BRANSFIELD, STEPHEN B
Address: ONE RIVER ROAD
City-St-Zip: SCHENECTADY, NY 12345

Title: MGRM () Delete
Name: COX, ANDREW W
Address: 4200 WILDWOOD PARKWAY
City-St-Zip: ATLANTA, GA 30339

Title: MGRM () Delete
Name: LACEY, BILL F
Address: 4200 WILDWOOD PARKWAY
City-St-Zip: ATLANTA, GA 30339

Title: MGRM () Delete
Name: SIMMONS, BLAIR
Address: 8301 SCENIC HWY
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CALHUN, DAVID
Address: 3135 EASTON TURNPIKE
City-St-Zip: FAIRFIELD, CT 06828

Title: MGR (X) Change () Addition
Name: KRENIKI, JOHN
Address: 4200 WILDWOOD PARKWAY
City-St-Zip: ATLANTA, GA 30339

Title: MGRM (X) Change () Addition
Name: BLYSTONE, LAWRENCE
Address: 1 RIVER ROAD
City-St-Zip: SCHENECTADY, NY 12345

Title: MGRM (X) Change () Addition
Name: STANDERA, WILLIAM
Address: 300 GARLINGTON ROAD PO BOX 648
City-St-Zip: GREENVILLE, SC 29615

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 Chapter 119, 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: BLAIR SIMMONS

MGR

06/21/2006

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