

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002407

FILED  
Apr 29, 2008  
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 ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: RICE, JOHN C  
Address: 4200 WILDWOOD PARKWAY  
City-St-Zip: ATLANTA, GA 30339

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

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

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

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

**ADDITIONS/CHANGES:**

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

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

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

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 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: MARK DESOI

MR.

04/29/2008

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