

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002407

FILED
Apr 15, 2009
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: TELINA HASKINS

MRS.

04/15/2009

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