2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# L00000002611

Entity Name: CAPITAL GROUP OF PENSACOLA, L.L.C.

Current Principal Place of Business:

9755 HILLVIEW ROAD
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

9755 HILLVIEW ROAD
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 59-3630406 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, PATSY F
9755 HILLVIEW ROAD
PENSACOLA, FL 32514 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: MGRM ( ) Delete
Name: BROWN, PATSY F
Address: 9755 HILLVIEW ROAD
City-St-Zip: PENSACOLA, FL 32514

Title: MGRM ( ) Delete
Name: MORGAN, MARK D
Address: RT 2, BOX 231-B
City-St-Zip: ANDALUSIA, AL 364209664

Title: MGRM ( ) Delete
Name: MORGAN, KEVIN S
Address: 220 CEDAR POND DRIVE
City-St-Zip: MADISON, AL 35757

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: MORGAN, MARK D
Address: 26952 CEDAR CREST ROAD
City-St-Zip: ANDALUSIA, AL 364209664

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: PATSY F. BROWN MGRM 04/18/2005

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