## **2002 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # L0100003551 1. Entity Name PENSACOLA GROUP, LLC

## **FILED** May 22, 2002 8:00 am Secretary of State 05-22-2002 90224 042 \*\*\*\*50.00

Principal Place of Business M			Mailing Address										
BENG 1 001 1 FT 00-01			1610 BARRANCAS AVENUE PENSACOLA FL 32501				966753						
2. Principal Place	of Business	3. Ma	Mailing Address										
Suite, Apt. #, etc. S			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State			City & State			w	4. FEI Number 9-3738 333 Applied For Not Applicable						ļ
Zip Country Zi			Country Country			<u>.                                    </u>	5. Certificate of Status Desired S5.00 Additional Fee Required						•
(	. Name and Address of Cui	rrent Registere	ed Agent			7. Name and Address of New Registered Agent							
				<del></del>	Name					giotoica	Agont		+
1610 B/	, Charles S Arrancas avenue			Street Address (P.O. Box Number is Not Acceptable)								$\dashv$	
PENSA	COLA FL 32501					,							
				City					FL	Zip Cod	ie	ļ	
8. The above nam	ed entity submits this stateme	ent for the purp	ose of changing its	registere	ed office o	r register	ed agent, c	r both, in th	ne State of F	lorida.	· · · · · · · · · · · · · · · · · · ·		7
SIGNATURE					* -								
Signa	ture, typed or printed name of registered	agent and title if app	olicable. (NOT	E: Registere	d Agent signa	ture required	when reinstatin	g)		DATE		· · · · · · · · · · · · · · · · · · ·	
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1. Thereby certify	that the information shoplied	withthis files	does not qualify for	the even		adia Cas	440.07	(O)(2) El 1	1. 0				1

this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that nly signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the e empowered to execute this report as required by Chapter 608, Florida Statutes. indicated on this report is true and accurate and limited liability company or the receiver or trust.

SIGNATURE:

NING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE