




2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90238 001 ****50.00

DOCUMENT # L01000003551 1. Entity Name PENSACOLA GROUP, LLC					
Principal Place of Business 1610 BARRANCAS AVENUE PENSACOLA, FL 32501			Mailing Address 1610 BARRANCAS AVENUE PENSACOLA, FL 32501		
2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address P.O. Box 940 Suite, Apt. #, etc. City & State Gulf Breeze FL			
Zip 32502		Country US		03062003 Chg-LLC CR2E083 (10/03)	
4. FEI Number 59-3738333				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent LIBERIS, CHARLES S 1610 BARRANCAS AVENUE PENSACOLA, FL 32501	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIBERIS, CHARLES S 1610 BARRANCAS AVENUE PENSACOLA, FL 32501	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRANNEN, DAVID 17 W. CEDAR STREET - SUITE 2 PENSACOLA, FL 32501	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 940 Gulf Breeze, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVIN, ALLEN 220 VIA DELINA DRIVE GULF BREEZE, FL 32561	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATE, SCOTT 214 CHURCH STREET PENSACOLA, FL 32501	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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:  David A. Brannen, mgr 5/12/04 850-434-7700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					