

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003551

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: PENSACOLA GROUP, LLC

**Current Principal Place of Business:**

1610 BARRANCAS AVENUE  
PENSACOLA, FL 32501

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 940  
GULF BREEZE, FL 32562

**New Mailing Address:**

FEI Number: 59-3738333

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LIBERIS, CHARLES S  
1610 BARRANCAS AVENUE  
PENSACOLA, FL 32501 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: MGR ( ) Delete  
Name: LIBERIS, CHARLES S  
Address: 1610 BARRANCAS AVENUE  
City-St-Zip: PENSACOLA, FL 32501

Title: MGR ( ) Delete  
Name: BRANNEN, DAVID  
Address: P.O. BOX 940  
City-St-Zip: GULF BREEZE, FL 32562

Title: MGR (X) Delete  
Name: LEVIN, ALLEN  
Address: 220 VIA DELINA DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

Title: MGR (X) Delete  
Name: PATE, SCOTT  
Address: 214 CHURCH STREET  
City-St-Zip: PENSACOLA, FL 32501

**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:

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: DAVID A. BRANNEN

MGR

04/27/2005

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