2006 LIMITED LIABILITY COMPANY

May 02, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L01000003551** 05-02-2006 90023 020 ****50.00 PENSACOLA GROUP, LLC Principal Place of Business Mailing Address 1610 BARRANCAS AVENUE P.O. BOX 940 GULF BREEZE, FL 32562 PENSACOLA, FL 32501 3. Mailing Address 2. Principal Place of Busines 40 South Suite, Apt. #. etc. 03292006 Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For City & State City & State Not Applicable 59-3738333 Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>Branner</u> LIBERIS, CHARLES S 30x Number is Not Acceptable) 1610 BARRANCAS AVENUE PENSACOLA, FL 32501 city tensacola ^{Zip Cod} 3ょ**50**る 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR MGR TITLE Change ☐ Addition ☐ Delete Liberis Charles S. 40 South Palatox PL, Suite 500 LIBERIS, CHARLES S NAME NAME 1610 BARRANCAS AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-7IP PENSACOLA, FL 32501 CITY-ST-7IP MGR TITLE Addition ☐ Delete TITLE NAME BRANNEN, DAVID NAME P.O. BOX 940 STREET ADDRESS STREET ADDRESS GULF BREEZE, FL 32562 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: A