


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/ **FILED**
Apr 20, 2005 8:00 am
Secretary of State

04-06-2005 90020 047 ****50.00

DOCUMENT # L03000055912
 1. Entity Name
PERFORMANCE TOWING OF PENSACOLA LLC



Principal Place of Business
6429 CONCORD WAY
PENSACOLA, FL 32504 US

Mailing Address
6429 CONCORD WAY
PENSACOLA, FL 32504 US

30004001



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01312005 Chg-LLC CR2E083 (10/03)

4. FEI Number
93-1335643

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
HEROUX, GIL G
6429 CONCORD WAY
PENSACOLA, FL 32504

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 *[Signature]* DATE

Filing Fee is \$50.00
 Due by May 1, 2005

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEROUX, GIL G 6429 CONCORD WAY PENSACOLA, FL 32504 <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 HEROUX, LOI 6429 CONCORD WAY PENSACOLA, FL 32504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* 4-16-05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

[Signature]

4-16-05