FILED Apr 27, 2007 8:00 am Secretary of State 04-11-2007 90162 014 ****50.00

2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT					
DOCUMENT # L03000055912 1. Entity Name					
PERFOR	MANCE TOW	ING OF PEN	SACOLA LLC		30005856
Principal Place of Business 6420 CONCORD WAY 3796 Hellen ST PENSACOLA, FL 32504 US Mailing Address 6429 CONCORD WAY PO BOX PENSACOLA, FL 32504 US				30X 10059	200000
32524 32524					I IBADAR BIL BOLAN IKIN BOM BOTIN BORI BORI BOLAL DUTA IRIDI RIFA IRIDI RUFA KARAN IKI FARI
				 -	
DO NOT WRITE IN THIS SPACE				CE	03222007No Chg-LLC
DO NOT WRITE IN THIS SPACE				CE	4. FEI Number Applied For 93-1335643 Not Applicable
					5. Certificate of Status Desired 55.00 Additional Fes Required
6. Name and Address of Current Ragistered Agent					
HEROUX, GILG 6429. CONCORD. Way PENSACOLA, FL: 32504					DO NOT WRITE
PENSACOLA, FL. 32504					IN THIS SPACE
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 tamiliar with, and accept					
the obligations of registered agent.					
SIGNATURE: Signature, typied or printed name of registered agent and tible ill applicable. (NOTE: Registered Agent algenture required when refinateling) DATE					
filing Fee is \$50.00 Due by May 1, 2007					
9.		ANAGING MEMBE	RS/MANAGERS	1	
HAME	MGR LOI, HEROUX T	20	Box 10059		
STREET ADDRESS CITY-SI-ZIP	6439-90NCORO PENSACOLA, FL		524	l	
TITLE NAME				1	
STREET ADDRESS				}	
tru	<u> </u>			 	
name Street address	1			!	DO NOT MOTE
CITY-ST-ZIP				1	DO NOT WRITE
TITLE NAME				1	IN THIS SPACE
STREET ADDRESS (}	
III/E				1	:
NAME STREET ADDRESS	i			ł	
CITY-ST-ZIP				1	
TITLE NAME				1	
STREET ADDRESS CITY-ST-ZIP				S	
11. It hareby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify mat 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 fability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: Y 1/2/1/2					
SIGNATURE: X 1/O 1 Control of Provided HAME OF BIOTHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date OF OSymme Provide					