

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000049691

1. Entity Name  
 RC ENTERPRISES OF PENSACOLA, L.L.C.



Principal Place of Business  
 2810 COPTER ROAD  
 PENSACOLA, FL 32514

Mailing Address  
 P.O. BOX 7548  
 PENSACOLA, FL 32534



01062006No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 90-0190657

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

COTTON, C. WAYNE  
 2810 COPTER ROAD  
 PENSACOLA, FL 32514

**DO NOT WRITE IN THIS SPACE**

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

Filing Fee is \$50.00  
 Due by May 1, 2006

1100000373781  
 01/10/06-80035-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
 NAME ROBERTSON, WILSON  
 STREET ADDRESS P.O. BOX 7548  
 CITY-ST-ZIP PENSACOLA, FL 32534

TITLE MGRM  
 NAME COTTON, C. WAYNE  
 STREET ADDRESS P.O. BOX 7548  
 CITY-ST-ZIP PENSACOLA, FL 32534

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE:

*Handwritten signature of C. Wayne Cotton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-6-06

850-476-7986

Date

Daytime Phone #