

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122357

FILED
Apr 18, 2006
Secretary of State

Entity Name: PCOLA INVESTMENTS, LLC

Current Principal Place of Business:

969 BUCYRUS LANE
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

969 BUCYRUS LANE
CANTONMENT, FL 32533

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ELLIOTT, MICHAEL C
969 BUCYRUS LANE
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

STALNAKET, TODD D
7662 KLONDIKE RD.
PENSACOLA, FL 32526 US

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: TODD D. STALNAKER

04/18/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ELLIOTT, MICHAEL C
Address: 969 BUCYRUS LANE
City-St-Zip: CANTONMENT, FL 32533

Title: MGR () Delete
Name: STALNAKER, TODD D
Address: 7662 KLONDIKE RD.
City-St-Zip: PENSACOLA, FL 32526

Title: MGR () Delete
Name: BERNAL, CHRIS
Address: 9603 THISTLE TRAIL DR.
City-St-Zip: HOUSTON, TX 77070-196

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: TODD D. STALNAKER

MGR

04/18/2006

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