2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/13/2007-90018-001-$25.00-$25.00 *
9/13/2007-90018-002-$25.00-$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L06000081888

1. Entity Name
GPM OF PENSACOLA, LLC

Principal Place of Business	Mailing Address
226 S. PALAFOX STREET 101-A PENSACOLA, FL 32502	226 S. PALAFOX STREET 101-A PENSACOLA, FL 32502

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1101 N. 9th Avenue	1101 N. 9th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola Florida	City & State: Pensacola, Florida
Zip: 32501 Country: USA	Zip: 32501 Country: USA

4. FEI Number 20-5408449 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BEGGS & LANE, RLLP
WILLIAM H. MITCHEM
501 COMMENDENCIA STREET
PENSACOLA, FL, FL 32502

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GRANGER, SONNY 226 S. PALAFOX STREET, SUITE 101-A PENSACOLA, FL 32502	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PARKER, TOM 226 S. PALAFOX STREET, SUITE 101-A PENSACOLA, FL 32502	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MERRILL, COLLIER 226 S. PALAFOX STREET, SUITE 101-A PENSACOLA, FL 32502	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BLT	☐ Change ☐ Addition

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: _____ 9-11-07 (850)434-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #