


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90037 023 ****50.00

DOCUMENT # L99000005955	
1. Entity Name PENSACOLA CAPITAL, L.L.C.	

Principal Place of Business 17 WEST CEDAR STREET, STE 3 PENSACOLA FL 32501	Mailing Address P.O. BOX 12725 PENSACOLA FL 32591
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2. Principal Place of Business 17 West Cedar Street	3. Mailing Address Post Office Box 12725
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pensacola, FL	City & State Pensacola, FL
Zip 32502	Country USA
Zip 32591	Country USA



MOORE CR2E083 (11/03)

4. FEI Number 59-3608277	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CARR, JOHN S 17 WEST CEDAR STREET PENSACOLA FL 32501	
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7. Name and Address of New Registered Agent	
Name John S. Carr	
Street Address (P.O. Box Number is Not Acceptable) 17 West Cedar Street	
Suite 3	
City Pensacola,	FL Zip Code 32502

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 *John S. Carr* **John S. Carr** **4/20/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE Manager	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHN S CARR & ASSOCIATES INC		NAME John S. Carr & Associates, Inc.	
STREET ADDRESS 601 S PALAFOX ST		STREET ADDRESS 601 South Palafox Street	
CITY-ST-ZIP PENSACOLA FL 32501		CITY-ST-ZIP Pensacola, FL 32502	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *John S. Carr* **John S. Carr & Associates, Inc.** **John S. Carr, President** **4/20/04** **(850)434-2244**

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

Date

Daytime Phone #