2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001317

1. Entity Name
ONE PENSACOLA PLAZA, LLC

FILED
01 JUL 23 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4800 I-55 NORTH, SUITE 200 JACKSON MS 39211	4800 I-55 NORTH, SUITE 200 JACKSON MS 39211

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Duckworth Realty Inc	
Suite, Apt. #, etc.: 210 E. Capital St. Ste 1200	Suite, Apt. #, etc.: Same
City & State: Jackson MS	City & State
Zip: 39201 Country	Zip Country

4. FEI Number 64-0927614 APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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.

SIGNATURE _____
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 Department of State

300004500258--3
-07/26/01--01072--009
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete JAMES Y. PALMER 1667 LELIA DRIVE JACKSON MS 39216	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete DR GEORGE STURGIS P O BOX 4475 JACKSON MS 39296-4475	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete PRUET OIL COMPANY 217 W CAPITOL STREET; SUITE 201 JACKSON MS 39201	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete THEODORE & MARGARET DUCKWORTH 4800 I-55 NORTH #31B MGRM JACKSON MS 39211	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete BEAR SEARNS CUSTODIAN FOR JAMES Y PALMER IRA 1667 LELIA DRIVE JACKSON MS 39216	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete BEAR STEARNS CUSTODIAN FOR JAMES Y PALMER IRA/SAR-SEP 1667 LELIA DRIVE JACKSON MS 39216	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/00)

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: SIGNATURE REQUIRED 5/4/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #