

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001317

FILED
Jul 11, 2006
Secretary of State

Entity Name: ONE PENSACOLA PLAZA, LLC

Current Principal Place of Business:

C/O DUCKWORTH REALTY, INC.
200 E. CAPITAL ST., STE. 1600
JACKSON, MS 39201

New Principal Place of Business:

C/O DUCKWORTH REALTY, INC.
308 E. PEARL STREET, SUITE 200
JACKSON, MS 39201

Current Mailing Address:

C/O DUCKWORTH REALTY, INC.
200 E. CAPITAL ST., STE. 1600
JACKSON, MS 39201

New Mailing Address:

C/O DUCKWORTH REALTY, INC.
308 E. PEARL STREET, SUITE 200
JACKSON, MS 39201

FEI Number: 64-0927614 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DUCKWORTH, THEODORE
Address: 200 EAST CAPITOL STREET
City-St-Zip: JACKSON, MS 39201

Title: MGRM () Delete
Name: DUCKWORTH, MARARET
Address: 4337 DALRYPLE COURT
City-St-Zip: JACKSON, MS 39211

Title: MGRM () Delete
Name: PRUET OIL COMPANY,
Address: 217 W. CAPITOL STREET, STE. 201
City-St-Zip: JACKSON, MS 39201

Title: MGRM () Delete
Name: BEAR SEARNS CUSTODIA, N FOR JAMES Y P ALMER
Address: 1667 LELIA DRIVE
City-St-Zip: JACKSON, MS 39216

Title: MGRM () Delete
Name: BEAR STEARNS CUSTODI, AN FOR JAMES Y PALMER
Address: 1667 LELIA DRIVE
City-St-Zip: JACKSON, MS 39216

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DUCKWORTH, THEODORE
Address: 308 E. PEARL STREET, SUITE 200
City-St-Zip: JACKSON, MS 39201

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THEODORE DUCKWORTH

MGRM

07/11/2006

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