2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 15, 2008 08:00 AM
Secretary of State

DOCUMENT # M00000001317

1. Entity Name
ONE PENSACOLA PLAZA, LLC

Principal Place of Business	Mailing Address
C/O DUCKWORTH REALTY, INC. 308 E. PEARL STREET, SUITE 200 JACKSON, MS 39201	C/O DUCKWORTH REALTY, INC. 308 E. PEARL STREET, SUITE 200 JACKSON, MS 39201

DO NOT WRITE IN THIS SPACE

07072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
64-0927614

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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)

FILE NOW!!! FEE IS $538.75
Due by September 12, 2008

U00000955026
07/15/08-80007-022 538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DUCKWORTH, THEODORE
STREET ADDRESS	308 E. PEARL STREET, SUITE 200
CITY-ST-ZIP	JACKSON, MS 39201
TITLE	MGRM
NAME	DUCKWORTH, MARARET
STREET ADDRESS	4337 DALRYPLE COURT
CITY-ST-ZIP	JACKSON, MS 39211
TITLE	MGRM
NAME	PRUET OIL COMPANY
STREET ADDRESS	217 W. CAPITOL STREET, STE. 201
CITY-ST-ZIP	JACKSON, MS 39201
TITLE	MGRM
NAME	BEAR SEARNS CUSTODIAN FOR JAMES Y PALMER
STREET ADDRESS	1667 LELIA DRIVE
CITY-ST-ZIP	JACKSON, MS 39216
TITLE	MGRM
NAME	BEAR STEARNS CUSTODIAN FOR JAMES Y PALMER
STREET ADDRESS	1667 LELIA DRIVE
CITY-ST-ZIP	JACKSON, MS 39216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #