

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001274

Entity Name: PANFLA GP, LLC

FILED
Jun 04, 2009
Secretary of State

Current Principal Place of Business:

416 JACKSON BOULEVARD
NASHVILLE, TN 37205

New Principal Place of Business:

Current Mailing Address:

416 JACKSON BOULEVARD
NASHVILLE, TN 37205

New Mailing Address:

FEI Number: 58-2597536 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: NICHOLS, ELIZABETH L
Address: 416 JACKSON BLVD.
City-St-Zip: NASHVILLE, TN 37205

Title: MGR () Delete
Name: NICHOLS, J. DONALD
Address: 416 JACKSON BLVD.
City-St-Zip: NASHVILLE, TN 37205

Title: MGRM () Delete
Name: THE MAMIE NICHOLS TRUST
Address: 129 2ND AVE. NORTH
City-St-Zip: NASHVILLE, TN 37201

ADDITIONS/CHANGES:

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 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: J. DONALD NICHOLS

MGR

06/04/2009

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