

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000002407

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: PENSACOLA EXCHANGE, LLC

**Current Principal Place of Business:**

2055 NORTH BROWN ROAD, SUITE 225  
LAWRENCEVILLE, GA 30043

**New Principal Place of Business:**

**Current Mailing Address:**

2055 NORTH BROWN ROAD, SUITE 225  
LAWRENCEVILLE, GA 30043

**New Mailing Address:**

FEI Number: 20-8672282

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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: ABERNATHY, THOMAS L  
Address: 2055 NORTH BROWN ROAD, SUITE 225  
City-St-Zip: LAWRENCEVILLE, GA 30043

Title: MGRM ( ) Delete  
Name: TIMBERLAKE, JAMES S  
Address: 2055 NORTH BROWN ROAD, SUITE 225  
City-St-Zip: LAWRENCEVILLE, GA 30043

Title: MGRM ( ) Delete  
Name: DETHOMAS, RONALD J  
Address: 2055 NORTH BROWN ROAD, SUITE 225  
City-St-Zip: LAWRENCEVILLE, GA 30043

Title: MGRM ( ) Delete  
Name: GAULTNEY, STEVEN E  
Address: 2055 NORTH BROWN ROAD, SUITE 225  
City-St-Zip: LAWRENCEVILLE, GA 30043

Title: MGRM ( ) Delete  
Name: SWOPE, RICHARD D  
Address: 2055 NORTH BROWN ROAD, SUITE 225  
City-St-Zip: LAWRENCEVILLE, GA 30043

**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:

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: THOMAS L. ABERNATHY

MGRM

04/09/2009

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