

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000002407

Entity Name: PENSACOLA EXCHANGE, LLC

FILED
Apr 05, 2011
Secretary of State

Current Principal Place of Business:

2055 NORTH BROWN ROAD, SUITE 225
LAWRENCEVILLE, GA 30043

New Principal Place of Business:

1505 LAKES PARKWAY
SUITE 190
LAWRENCEVILLE, GA 30043

Current Mailing Address:

2055 NORTH BROWN ROAD, SUITE 225
LAWRENCEVILLE, GA 30043

New Mailing Address:

1505 LAKES PARKWAY
SUITE 190
LAWRENCEVILLE, GA 30043

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.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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
Name: ABERNATHY, THOMAS L
Address: 1505 LAKES PARKWAY, SUITE 190
City-St-Zip: LAWRENCEVILLE, GA 30043

Title: MGRM
Name: TIMBERLAKE, JAMES S
Address: 1505 LAKES PARKWAY, SUITE 190
City-St-Zip: LAWRENCEVILLE, GA 30043

Title: MGRM
Name: DETHOMAS, RONALD J
Address: 1505 LAKES PARKWAY, SUITE 190
City-St-Zip: LAWRENCEVILLE, GA 30043

Title: MGRM
Name: GAULTNEY, STEVEN E
Address: 1505 LAKES PARKWAY, SUITE 190
City-St-Zip: LAWRENCEVILLE, GA 30043

Title: MGRM
Name: SWOPE, RICHARD D
Address: 1505 LAKES PARKWAY, SUITE 190
City-St-Zip: LAWRENCEVILLE, GA 30043

I hereby 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

04/05/2011

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