

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000002407

FILED  
Mar 26, 2012  
Secretary of State

Entity Name: PENSACOLA EXCHANGE, LLC

**Current Principal Place of Business:**

1505 LAKES PARKWAY  
SUITE 190  
LAWRENCEVILLE, GA 30043

**New Principal Place of Business:**

**Current Mailing Address:**

1505 LAKES PARKWAY  
SUITE 190  
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.  
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      MGMR      03/26/2012

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