2006 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Jan 19, 2006 08:00 AM Secretary of State DOCUMENT # M97000000771 1. Ēntity Name CFS OF PENSACOLA, FL, L.L.C. Principal Place of Business Mailing Address 45 E INDUSTRIAL BLVD 45 E INDUSTRIAL BLVD US PENSACOLA, FL 32503 US PENSACOLA, FL 32503 01162006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 36-4192363 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEXIS DOCUMENT SERVICES INC. DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required which reinstating) CATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. me THROWER, JR, RALPH G NAME 5829 MCCALL RD STREET ADDRESS CKTY-ST-ZIP PACE, FL 32571 H00000391080 TITLE 01/24/06 80021-023 S0.00 NAME STREET ADDRESS CDY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP $\pi\pi \epsilon$ NAME

11. I hereby certify that the information supplied with this filling 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 faceiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CATY-\$T-ZIP nne NAME STREET ADDRESS CITY-ST-ZIP

MBER, OR AUTHORIZED REPRESENTATIVE