

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003186

FILED
May 01, 2004
Secretary of State

Entity Name: EDWARD PHILIP PRASSE, III AND JULIA K. PRASSE, L.L.C.

Current Principal Place of Business:

3303 THOMASVILLE RD.
TALLAHASSEE, FL 32312

New Principal Place of Business:

3303 THOMASVILLE RD.
TALLAHASSEE, FL 32308

Current Mailing Address:

3303 THOMASVILLE RD.
ATTENTION: MRS PRISCILLA THARPE
TALLAHASSEE, FL 32312

New Mailing Address:

3303 THOMASVILLE RD.
ATTENTION: MRS PRISCILLA THARPE
TALLAHASSEE, FL 32308

FEI Number: 49-1503866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THARPE, PRISCILLA
3303 THOMASVILLE RD.
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

THARPE, PRISCILLA
3303 THOMASVILLE RD.
TALLAHASSEE, FL 32308 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: _____

05/01/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PRASSE, EDWARD PHILIP III
Address: 1008 CAINES HILL RD
City-St-Zip: EDMOND, OK 73034

Title: MGRM () Delete
Name: PRASSE, JULIA K
Address: 1008 CAINES HILL RD
City-St-Zip: EDMOND, OK 73034

ADDITIONS/CHANGES:

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 for the exemption stated in Section 119.07(3)(i), 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: EDWARD PHILIP PRASSE III

MGRM

05/01/2004

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