


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000033178
1. Entity Name
BATSON MANAGEMENT, L.L.C.



Principal Place of Business Mailing Address
715 N BAYLEN STREET P.O. BOX 12266
PENSACOLA, FL 32501 PENSACOLA, FL 32591-2266

DO NOT WRITE IN THIS SPACE



01122005No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
05-0569396 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BATSON, SUSAN C
715 N BAYLEN STREET
PENSACOLA, FL 32501

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ANTHONY, CYNTHIA B 413 AUTUMN OAK DRIVE MADISON, MS 39110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STOKEY, ANN B 3377 FAIRWAY DRIVE GAINESVILLE, GA 30506
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BATSON, SUSAN C 715 N. BAYLEN ST. PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Susan C. Batson, manager 14 Jan 05 850.438.7501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Susan C. Batson, manager