


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000033178</b> 1. Entity Name BATSON MANAGEMENT, L.L.C.	
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Principal Place of Business 715 N BAYLEN STREET PENSACOLA, FL 32501	Mailing Address P.O. BOX 12266 PENSACOLA, FL 32591-2266
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**DO NOT WRITE IN THIS SPACE**



04202006 No: Chg-LLC CR2E083 (11/05)

4. FEI Number 05-0569396	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  BATSON, SUSAN C 715 N BAYLEN STREET PENSACOLA, FL 32501
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2006**

05/05/06-80104-005 50.00

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 30508
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

**SIGNATURE:** *Susan C. Batson* **SUSAN C. BATSON**  
MANAGING MEMBER **4/20/06** **850.438.7501**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #