

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003186

FILED
Mar 07, 2005
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 32308

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

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 32308 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/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

03/07/2005

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