

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003186

FILED  
Apr 26, 2009  
Secretary of State

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

**Current Principal Place of Business:**

3046 CLOUDLAND DRIVE  
ATTN: E P PRASSE III  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

3046 CLOUDLAND DRIVE  
ATTN: E P PRASSE III  
TALLAHASSEE, FL 32312

**New Mailing Address:**

**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/MANAGERS:**

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 exemption stated in Chapter 119, 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      04/26/2009

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