

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003186

**FILED**  
**Apr 17, 2010**  
**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:**

THARPE, PRISCILLA MRS  
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: PRISCILLA THARPE

04/17/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

I hereby 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

MGRM

04/17/2010

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