## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000019294

City-St-Zip:

DOTHAN, AL 36302 US

Entity Name: PRACTICE MADE PERFECT, LLC

FILED Feb 22, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 316 SOUTH BAYLEN STREET SUITE 600 PENSACOLA, FL 32502 **Current Mailing Address: New Mailing Address:** 316 SOUTH BAYLEN STREET SUITE 600 PENSACOLA, FL 32502 FEI Number: 22-3861266 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOGAN, FLACK 316 SOUTH BAYLEN STREET STE 600 PENSACOLA, FL 32502 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete MORGAN, JOHN B Name: Name: Address: 20 N. ORANGE AVENUE, STE 1600 Address: City-St-Zip: ORLANDO, FL 32801 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: PROCTOR, MARK Name: Address: 316 S. BAYLEN STREET, STE 600 Address: City-St-Zip: PENSACOLA, FL 32502 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition GIVENS, J K Name: Name: 163 WEST MAIN STREET Address: Address:

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.

City-St-Zip:

SIGNATURE: JOHN B. MORGAN MGR 02/22/2005