2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90069 026 ****50.00

DOCUMENT # L02000033178

1. Entity Name
BATSON MANAGEMENT, L.L.C.

Principal Place of Business	Mailing Address
715 N BAYLEN STREET PENSACOLA, FL 32501	P.O. BOX 12266 PENSACOLA, FL 32591-2266

04222004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ~~APPLIED FOR~~ 05-0569396 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CROCKETT BATSON, SUSAN 715 N BAYLEN STREET PENSACOLA, FL 32501 CORRECTION TO NAME ONLY: BATSON, SUSAN CROCKETT	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BATSON ANTHONY, CYNTHIA 413 AUTUMN OAK DRIVE MADISON, MS 39110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CORRECTION TO NAME ONLY ANTHONY, CYNTHIA BATSON	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BATSON STOKEY, ANN 3377 FAIRWAY DRIVE GAINESVILLE, GA 30506	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CORRECTION TO NAME ONLY STOKEY, ANN BATSON	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CROKETT BATSON, SUSAN 715 NORTH BAY BAYLEN STREET PENSACOLA, FL 32501	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CORRECTION TO NAME + ADDRESS ONLY BATSON, SUSAN CROCKETT 715 N. BAYLEN ST. PENSACOLA FL 32501	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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 Crockett Batson, manager 4-22-04 850.438.7501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #