

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90055 009 ****50.00

DOCUMENT # L02000033178

1. Entity Name

BATSON MANAGEMENT, L.L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

715 North Baylen Street

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 12266

Suite, Apt. #, etc.

City & State

Pensacola, Florida

City & State

Pensacola, Florida

4. FEI Number

Applied For

Not Applicable

Zip

32501

Country

U. S. A.

Zip

32591-2266

Country

U. S. A.

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Susan Crockett Batson

Street Address (P.O. Box Number is Not Acceptable) -

715 North Baylen Street

City

Pensacola

FL

Zip Code

32501

**DO NOT WRITE
IN THIS SPACE**

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

Susan Crockett Batson

5-7-03

DATE

Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Manager
Cynthia Batson Anthony
413 Autumn Oak Drive
Madison, MS 39110

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Manager
Ann Batson Stokey
3377 Fairway Drive
Gainesville, GA 30506

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Manager
Susan Crockett Batson
715 North Baylen Street
Pensacola, FL 32501

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**DO NOT WRITE
IN THIS SPACE**

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

Susan Crockett Batson, Manager

850-438-7501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)