

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90031 017 ****50.00

DOCUMENT # L03000012947

1. Entity Name
PRATT HERRING WILSON MANAGEMENT, L.L.C.



Principal Place of Business
**181 W MIRACLE STRIP PARKWAY
MARY ESTHER, FL 32569**

Mailing Address
**181 W MIRACLE STRIP PARKWAY
MARY ESTHER, FL 32569**



02212005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0170360

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PRATT, CHARLES C
181 W MIRACLE STRIP PARKWAY
MARY ESTHER, FL 32569**

**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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
PRATT, CHARLES C
181 W MIRACLE STRIP PARKWAY
MARY ESTHER, FL 32569**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
PRATT, MEDORA C
181 W MIRACLE STRIP PARKWAY
MARY ESTHER, FL 32569**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

Charles C. Pratt

3/27/05
Date

(770) 475-1004
Daytime Phone #

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