
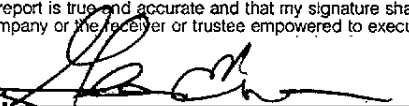


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000000706 1. Entity Name EMERSON-PRATT, L.L.C.		
Principal Place of Business 13507 WESTSHIRE DRIVE TAMPA, FL 33618-2500	Mailing Address 13507 WESTSHIRE DRIVE TAMPA, FL 33618-2500	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HINES, JAMES P HINES, NORMAN & ASSOCIATES, P.L. 315 SOUTH HYDE PARK AVENUE TAMPA, FL 33606		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
1100000404401 02/06/06-80044-022 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRATT, ERIC S TRUSTEE 13529 WESTSHIRE DRIVE TAMPA, FL 33618	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EMERSON, GLENN F 13507 WESTSHIRE DRIVE TAMPA, FL 336182500	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		



01192006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-3559953

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

Date Daytime Phone #