## 2006 LIMITED LIABILITY COMPANY

**FILED** 

ANNUAL REPORT				Jan 27, 2006 08:00	
DOCUMENT # M0400002173  1. Entity Name EDR THARPE, LLC				Secretary of Sta	
EDR 1 H/   	ARPE, LLC				
Principal Plan	ce of Business	Mailing Address	-	_ ·	
530 OAK COURT DRIVE, SUITE 300 MEMPHIS, TN 38117		530 OAK COURT DRIVE, SI MEMPHIS, TN 38117	JITE 300		
ļ	O NOT WOL	TE IN THIS SP	ACE	01102006No Chg-LLC	CR2E083 (11/05)
<b>!</b>	JO NOI WAI	IL IN THIS SE	ACL	4. FEI Number 20-1227500	Applied For Not Applicab
			Addition of the state of the st	5. Certificate of Status Desired	Solution 55.00 Additional Fee Required
	6. Name and Address of Cu	rrent Registered Agent		Special and the second	
NATIONAL CORPORATE RESEARCH, LTD., INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301				DO NOT W	RITE
				IN THIS SF	PACE
					2 2 CF mm
		nent for the purpose of changing its reg	Istered office or registered	Jagent, or both, in the State of Fig	orida. I am familiar with, and accep
the obliga	ations of registered agent				
SIGNATURE	Signature, typed or printed name of registere	d agent and title if applicable. (NOTE Re-	gistered Agent signature required wh	nen reinstalling)	DATE
Filing Fee is \$50.00 Due by May 1, 2006				J 02/06/06-	1404369 80044-008 50.00
9.	MANAGING M	EMBERS/MANAGERS			
TITLE NAME	MGRM EDR THARPE, INC.	•	7.7.	XIII, A.	·•• ·
STREET ADDRESS CITY-ST-ZIP	1 .	SUITE 300			
TITLE NAME			. "	-	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS					
CITY-SI-ZIP				WATER CONTRACTOR OF THE PARTY O	
NAME					
STREET ADDRESS CITY-ST-ZIP				DO NOT W	RITE
TITLE				IN THIS SE	PACE
NAME STREET ADDRESS				., . ,	,,,,,,
City-St-Zip					
TITLE NAME		·		Aggent vy	
STREET ADDRESS					
City-St-ZiP	<u> </u>				
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NAME		,			<u> </u>
NAME STREET ADDRESS CHY-ST-ZIP	-,-	The second secon		· · · · · · · · · · · · · · · · · ·	

11. I hereby certify that the information supplied with this filling does not quality 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Thomas F. Kavanagh Asst. Vice President

Daytime Phone #