

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90019 034 ****55.00

0035189

DOCUMENT # L01000011885

1. Entity Name

ANDERSONTHORNTON CONSULTANTS, L.L.C.



Principal Place of Business

15310 AMBERLY DRIVE
#250-36
TAMPA FL 33647

Mailing Address

P.O. BOX 48527
TAMPA FL 33647

2. Principal Place of Business

Same

3. Mailing Address

15310 Amberly Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 250-36

City & State

City & State

Tampa, FL

Zip

Country

Hillsborough

Zip

33647

Country

Hillsborough

4. FEI Number

59-3731848

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

KENT IHRRIG, WILLIAM
101 EAST KENNEDY BLVD.
SUITE 2800
TAMPA FL 33602

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
<input checked="" type="checkbox"/>	THORNTON, G P	3920 ROSWELL PLACE	LAND O LAKES FL 34639	<input type="checkbox"/>
<input checked="" type="checkbox"/>	ANDERSON, SARAH	3920 ROSWELL PLACE	LAND O LAKES FL 34639	<input type="checkbox"/>
<input checked="" type="checkbox"/>	THORNTON, GEORGE P	10216 ALTAVISTA AVE	TAMPA FL 33647	<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<input checked="" type="checkbox"/>	MGRM Thornton, G.P.	4110 Whittner Drive	Land O Lakes, FL 34639	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	MGRM Anderson, Sarah	3920 Roswell Place	Land O Lakes, FL 34639	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	MGRM Thornton, George P.	10216 Altavista, Ave.	Tampa, FL 33647	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	MGRM Ella J. Thornton	4110 Whittner Drive	Land O Lakes, FL 34639	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

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:

Signature of George P. Thornton
MGRM

4/30/03

813-979-1588

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

Date

Daytime Phone #

CR2E083 (10/02)