


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90062 030 ****50.00

DOCUMENT # L02000017388	
1. Entity Name THURMAN PROPERTY LLC	

Principal Place of Business C/O WILLIAM N. HOROWITZ 24311 WALDEN CENTER DR., #201 BONITA SPRINGS, FL 34134	Mailing Address C/O WILLIAM N. HOROWITZ 24311 WALDEN CENTER DR., #201 BONITA SPRINGS, FL 34134
--	--

60003996



2. Principal Place of Business - No P.O. Box # 8000 Health Center Blvd.	3. Mailing Address 8000 Health Center Blvd.
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc. Suite 300
City & State Bonita Springs FL	City & State Bonita Springs FL
Zip 34135	Zip 34135
Country	Country

01162007 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CLASP INC. 24311 WALDEN CENTER DR., STE. 201 BONITA, FL 34134	
7. Name and Address of New Registered Agent Name CLASP INC. Street Address (P.O. Box Number is Not Acceptable) 8000 Health Center Blvd. Suite 300 City Bonita Springs FL Zip Code 34135	

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 *William N. Horowitz, Vice President* DATE **1.16.07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHULTZ, DOROTHY M 24311 WALDEN CENTER DR., #201 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Schultz, Dorothy M. 8000 Health Center Blvd Suite 300 Bonita Springs FL 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u><i>William N. Horowitz</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>1.16.07</u>	Daytime Phone # <u>(39) 390-8067</u>
--	-------------------------------	--