


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Sep 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000031769 1. Entity Name THOMAS & ASSOCIATES, LLC	
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Principal Place of Business 289 JONESBORO RD #159 MCDONOUGH, GA 30253 US	Mailing Address 289 JONESBORO RD #159 MCDONOUGH, GA 30253 US
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**DO NOT WRITE IN THIS SPACE**



07022006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 42-1562623	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

UNITED STATES CORPORATION AGENTS, INC.  
 1111 LINCOLN RD  
 SUITE 400  
 MIAMI BEACH, FL 33139

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by September 6, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ST. LAURENT, ANNA 289 JONESBORO RD #159 MCDONOUGH, GA 30253
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 09/01/06-80003-007 50.00

**DO NOT WRITE IN THIS SPACE**

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: Anna St. Laurent Date: 09-30-06 Daytime Phone #: 770-320-1395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #