2008 LIMITED'LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

DOCUMENT # L03000053166

1. Entity Name
THOMAS O'CONNELL LLC



FILED Feb 06, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

3863 18TH AVE N

SAINT PETERSBURG, FL 33713 US

3863 18TH AVE N

SAINT PETERSBURG, FL 33713 U



01172008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0506257

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

O'CONNELL, THOMAS 3863 18TH AVE N. SAINT PETERSBURG, FL 33713

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| the obligations of registered agent. | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------|
| SIGNATURE. | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registored Agent signature required when reinstating) | DATE |
| FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR O'CONNELL, THOMAS 3863 18TH AVE N. ST PETERSBURG, FL 33713 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | , | | 000000817857 02/15/08-80019-012 138.75 |
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| 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. | | | |