

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Feb 04, 2008
Secretary of State**

DOCUMENT# L05000017444

Entity Name: THOMPSON ROAD, LLC

Current Principal Place of Business:

911 OUTER ROAD
ORLANDO, FL 32814

New Principal Place of Business:

Current Mailing Address:

911 OUTER ROAD
ORLANDO, FL 32814

New Mailing Address:

FEI Number: 20-2770538 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OROSZ, WILLIAM S JR
911 OUTER ROAD
ORLANDO, FL 32814 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OROSZ, STEPHEN W
Address: 911 OUTER ROAD
City-St-Zip: ORLANDO, FL 32814

Title: MGR () Delete
Name: OROSZ, WILLIAM S JR
Address: 911 OUTER ROAD
City-St-Zip: ORLANDO, FL 32814

Title: MGRM () Delete
Name: CAMBRIDGE DEVELOPMEN, T, INC
Address: 911 OUTER ROAD
City-St-Zip: ORLANDO, FL 32814

Title: MGR () Delete
Name: SANDERS, KYLE A
Address: 911 OUTER ROAD
City-St-Zip: ORLANDO, FL 32814

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEPHEN W. OROSZ

MGR

02/04/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date