2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000001519

1. Entity Name
THOMPSON, BOSTROM & ASSOCIATES, L.C.

Principal Place of Business	Mailing Address
99 N. ATLANTIC AVENUE COCOA BEACH, FL 32931	99 N. ATLANTIC AVENUE COCOA BEACH, FL 32931

DO NOT WRITE IN THIS SPACE

01072004No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3566352
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BOSTROM, RICHARD E
99 N. ATLANTIC AVENUE
COCOA BEACH, FL 32931

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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 _____ RICHARD E. BOSTROM 1/9/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	STAZZONE, JOSEPH
STREET ADDRESS	99 N ATLANTIC AVENUE
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	MGR
NAME	WILLIAMS, ROBERT W
STREET ADDRESS	99 N ATLANTIC AVENUE
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	MGR
NAME	BOSTROM, RICHARD E
STREET ADDRESS	99 N. ATLANTIC AVENUE
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/13/04-80049-002 50.00

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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: _____ MEMBER/MGR 1-9-04 321-868-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ROBERT WILLIAMS