


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # M0100001845

1. Entity Name
 THOMAS, MILLER & PARTNERS, LLC



Principal Place of Business 5210 MARYLAND WAY SUITE 200 BRENTWOOD, TN 37027	Mailing Address 5210 MARYLAND WAY SUITE 200 BRENTWOOD, TN 37027
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DO NOT WRITE IN THIS SPACE



01312005No Chg-LLC CR2E083 (10/03)

4. FEI Number 62-1014185	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES INC
 526 E PARK AVE
 TALLAHASSEE, FL 32301

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

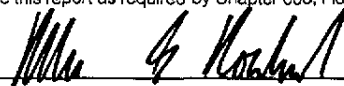
**Filing Fee is \$50.00
 Due by May 1, 2005**

DATE
 02/08/05-80007-014 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS, AL 5210 MARYLAND WAY SUITE 200 BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, DON 5210 MARYLAND WAY SUITE 200 BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HART, LARRY 5210 MARYLAND WAY SUITE 200 BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROWLAND, MARC 5210 MARYLAND WAY SUITE 200 BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Marc S. Rowland, AIA, ACHA  **1/31/05** **615-377-9773**

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