2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000001845

1. Entity Name

THOMAS, MILLER & PARTNERS, LLC



FILED Feb 13, 2007 08:00 AM Secretary of State

Principal Place of Business

5210 MARYLAND WAY

SUITE 200 BRENTWOOD, TN 37027 Mailing Address

5210 MARYLAND WAY

SUITE 200 Brentwood, TN 37027



DO NOT WRITE IN THIS SPACE

01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 62-1014185

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

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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 applicab

(NOTE: Registered Agent signature required when reinstating

DATE

Filing Fee is \$50.00 Due by May 1, 2007

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

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11. Thereby certify that the information supplied with this filling 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 grithe receiver or trustee empayared to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

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

7.7.7007

LIS.377.0773

Daytime Phone €