2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000002270

1. Entity Name
THOMASON & THOMASON, L.C.

Principal Place of Business	Mailing Address
9050 58TH DRIVE EAST BRADENTON, FL 34202	6204 HAMMOCK DRIVE BRADENTON, FL 34202

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03102004No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0987835
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THOMASON, ELIZABETH L
6204 HAMMOCK DRIVE
BRADENTON, FL 34202

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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 _____ DATE
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, 2004

000000089981
03/16/04-80012-006 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	THOMASON, ELIZABETH L
STREET ADDRESS	6204 HAMMOCK DRIVE
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	MGRM
NAME	THOMASON, W. MARK
STREET ADDRESS	6204 HAMMOCK DRIVE
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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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: Elizabeth L. Thomason 3-11-04 941-752-3322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #