


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000004696**  
 1. Entity Name  
**JAMES P. THOMAS, L.L.C.**



Principal Place of Business      Mailing Address  
**5155 S.W. HAMMOCK CREEK DRIVE**      **5155 S.W. HAMMOCK CREEK DRIVE**  
**PALM CITY, FL 34990**      **PALM CITY, FL 34990**



01052008 No Chg-LLC      CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1017827**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**THOMAS, JAMES P**  
**5155 SW HAMMOCK CREEK DR**  
**PALM CITY, FL 34990**

**DO NOT WRITE IN THIS SPACE**

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)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000784097  
 01/16/08-80033-007 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMAS, JAMES P 5155 S.W. HAMMOCK CREEK DRIVE PALM CITY, FL 34990
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11. I hereby certify that the information supplied with this filing 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *James P. Thomas*      1-6-08      772-287-1114  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #