


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90036 028 ****50.00

DOCUMENT # L00000010705	
1. Entity Name THOMASTON ASSOCIATES, LLC	

Principal Place of Business 11900 BISCAYNE BOULEVARD #801 NORTH MIAMI, FL 33181	Mailing Address 11900 BISCAYNE BOULEVARD #801 NORTH MIAMI, FL 33181
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2. Principal Place of Business - No P.O. Box # 1111 Park Centre Blvd Suite, Apt. #, etc. #360	3. Mailing Address 1111 Park Centre Blvd Suite, Apt. #, etc. #360
City & State Miami FL	City & State Miami FL
Zip 33169	Country USA

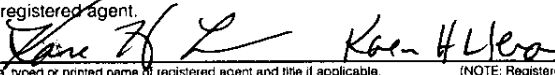


04182007 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-1040114	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SANFORD N. REINHARD, P.A. 2875 NE 191 STREET #404 AVENTURA, FL 33180

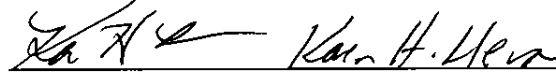
7. Name and Address of New Registered Agent Name Karen H. Llera Street Address (P.O. Box Number is Not Acceptable) 1111 Park Centre Blvd #360 City Miami FL Zip Code 33169
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8. The above named entity submits this statement for the purpose of changing 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  Karen H. Llera DATE 4-16-07

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMKINS, LEON J 11900 BISCAYNE BLVD., #801 NORTH MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Simkins, Leon J. 1111 Park Centre Blvd #360 Miami FL 33169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LLERA, KAREN 11900 BISCAYNE BLVD. #801 MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Llera, Karen 1111 Park Centre Blvd #360 Miami FL 33169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Karen H. Llera	DATE 4-16-07	DAYTIME PHONE # 305 899 8181
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