


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000010705

1. Entity Name
 THOMASTON ASSOCIATES, LLC



Principal Place of Business
 1111 PARK CENTRE BLVD #360
 MIAMI, FL 33169

Mailing Address
 1111 PARK CENTRE BLVD #360
 MIAMI, FL 33169

DO NOT WRITE IN THIS SPACE



03172008No Chg-LLC CR2E083 (12/07)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-1040114 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

LLERA, KAREN H
 1111 PARK CENTRE BLVD #360
 MIAMI, FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____


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

000000892155
 04/23/08-80055-004 138.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SIMKINS, LEON J 1101 PARK CENTRE BLVD #360 MIAMI, FL 33169 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LLERA, KAREN 1111 PARK CENTRE BLVD #360 MIAMI, FL 33169 |
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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:  *Karen H. Llera, Manager* **4-8-08** **305-899-8184**

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