

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014828

Entity Name: THOMALEY, L.L.C.

FILED  
Apr 13, 2008  
Secretary of State

**Current Principal Place of Business:**

2313 ELIZABETH CT  
NAPLES, FL 34112

**New Principal Place of Business:**

2313 ELIZABETH COURT  
NAPLES, FL 34112

**Current Mailing Address:**

2313 ELIZABETH CT  
NAPLES, FL 34112

**New Mailing Address:**

FEI Number: 59-3684484

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PRICE, SIKET & SOLIS  
2640 GOLDEN GATE PKWY., STE. 115  
NAPLES, FL 34105 US

**Name and Address of New Registered Agent:**

HALEY, GREGORY L MGRM  
2313 ELIZABETH COURT  
NAPLES, FL 34112 US

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.

SIGNATURE: GREGORY L HALEY

04/13/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DOLPHIN ENTERPRISES, OF NAPLES, INC .  
Address: 2313 ELIZABETH CT  
City-St-Zip: NAPLES, FL 34112

Title: MGRM ( ) Delete  
Name: GREG HALEY & ASSOCIA, TES, INC.  
Address: 1100 6TH AVE. SOUTH, STE. 22  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GREGORY L HALEY

MGMR

04/13/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date