


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT #</b> L01000000558<br><b>1. Entity Name</b><br>FRANK DEAYER THOMAS, SR. AND MARY JEAN THOMAS LLC |  |
|--|---|

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>8372 CANARY PALM CT<br>SARASOTA, FL 34238 | <b>Mailing Address</b><br>8372 CANARY PALM CT<br>SARASOTA, FL 34238 |
|---|---|



01042005No Chg-LLC

CR2E083 (10/03)

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|                                    |                                      |
|------------------------------------|--------------------------------------|
| <b>4. FEI Number</b><br>65-1101136 | <b>Applied For</b><br>Not Applicable |
|------------------------------------|--------------------------------------|

|  |                                       |
|--|---------------------------------------|
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$5.00 Additional Fee Required</b> |
|--|---------------------------------------|

**6. Name and Address of Current Registered Agent**

|   |
|---|
| SMITH, ADAM<br>5410 26TH STREET WEST<br>BRADENTON, FL 34207 |
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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

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

|  |   |
|--|---|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | MGRM<br>THOMAS, FRANK D SR.<br>311 WHITE HERON CIRCLE<br>FAYETTEVILLE, NY 13066 |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | MGRM<br>THOMAS, MARY J<br>8372 CANARY PALM COURT<br>SARASOTA, FL 34238          |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |   |

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01/12/05-80026-009 50.00

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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:** Mary Jean Thomas Mary Jean Thomas 1/8/05 (941) 925-1179  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #