

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90059 005 ****50.00

DOCUMENT # L01000002334

1. Entity Name
BUSBEE THOMPSON, L.C.



Principal Place of Business
**220 E MONUMENT AVE STE B
KISSIMMEE, FL 34741**

Mailing Address
**600 THACKER AVENUE, STE D-51
KISSIMMEE, FL 34741**

2. Principal Place of Business

3. Mailing Address

4373 Reaves Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Kissimmee, FL

Zip

Country

Zip

34746

Country

04202004

Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3698648

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUSBEE, CHRIS
600 THACKER AVE., STE D-51
KISSIMMEE, FL 34741**

Name **Thompson, Jasper J.**

Street Address (P.O. Box Number is Not Acceptable)
4373 Reaves Road

City **Kissimmee**

FL

Zip Code **34746**

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

Jasper J. Thompson 4/27/04

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
BUSBEE, CHRIS
600 THACKER AVE., STE D-51
KISSIMMEE, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
THOMPSON, JASPER
4369 REAVES RD
KISSIMMEE, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**4373 Reaves Road
Kissimmee, FL 34746** ☒ Change ☐ Addition

TITLE
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☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Jasper J. Thompson 4/27/04 407-932-4219