2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 26, 2004 08:00 AM Secretary of State

	ANNU	AL REPORT	
DOCUMENT : 1. Entity Name THOMPSON-INTER			
Principal Place of Business 8 MARINE PARADE BELIZE CITY, BELIZE,	ос	Mailing Address P.O. BOX 1936 BELIZE CITY, BELIZE,	ос



DO NOT WRITE IN THIS SPACE

04152004No Chg-LLC CR2E083 (10/03)

4.	FEI Number	
	NOT APPLICABLE	

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

б.	Name a	nd Add	ress of	Current	Registered	Agent

SMITH, CLARK WESQ. BARRISTERS BLDG., SUITE 500 1615 FORUM PLACE WEST PALM BEACH, FL 33401

the chligations of registered agent.

DO NOT WRITE IN THIS SPACE

SIGNATURE	Signeture, typed or printed name of registered agent and title if applicable	(NOTE. Registered Agent signature required when renetating)	DATE	
	ling Fee is \$50.00 ue by May 1, 2004		000000128705 04/26/04-30049-003 50.00	
9.	MANAGING MEMBERS/MANAGERS			
HITLE MAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMPSON, STEPHEN 8 MARINE PARADE BELIZE CITY, BELIZE,			
TALE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE HAME STREET ADDRESS CITY-SI-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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 cath, that I am a managing member or manager of the limited liability company or the receiver or pushes empowered to execute this report as required by Chapter 608, Florida Statutes.				

STEMBEN C. THUMPOSM

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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