


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000003251	
1. Entity Name THOMPSON-INTERLAW, LLC	

Principal Place of Business 8 MARINE PARADE BELIZE CITY, BELIZE,	Mailing Address P.O. BOX 1936 BELIZE CITY, BELIZE, OC
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02092005 No Chg-LLC CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SMITH, CLARK WESQ. BARRISTERS BLDG., SUITE 500 1615 FORUM PLACE WEST PALM BEACH, FL 33401

7. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

HP0000364315
05/06/05-80033-022 50.00

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMPSON, STEPHEN 8 MARINE PARADE BELIZE CITY, BELIZE,
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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:  **Stephen L. Thompson (MGRM) 04/22/05 (561) 207-7115**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Day Daytime Phone #