

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000008329

1. Entity Name  
1300 THOMASWOOD, LLC



Principal Place of Business  
1300 THOMASWOOD DR.  
TALLAHASSEE, FL 32308

Mailing Address  
1300 THOMASWOOD DR.  
TALLAHASSEE, FL 32308



02072005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3720502

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GARDNER, CHARLES R  
1300 THOMASWOOD DR.  
TALLHASSEE, FL 32312

**DO NOT WRITE  
IN THIS SPACE**

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM GARDNER, CHARLES R 1300 THOMASWOOD DR. TALLHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM BIST, MICHAEL P 1300 THOMASWOOD DR. TALLHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM WIENER, BRUCE I 1300 THOMASWOOD DR. TALLHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/25/05-80024-014 50.00

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #