

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000009320		
1. Entity Name THOMPSON INVESTMENT ENTERPRISES, LLC		
Principal Place of Business C/O JACK A. THOMPSON 223 BAYFRONT DR BONITA SPRINGS, FL 34134		Mailing Address C/O JACK A. THOMPSON 223 BAYFRONT DR BONITA SPRINGS, FL 34134
DO NOT WRITE IN THIS SPACE		
		 01152004 No Chg-LLC CR2E083 (10/03)
4. FEI Number 59-3724279		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent CLASP INC C/O CUMMINGS & LOCKWOOD 3001 TAMIAMI TRAIL N 4TH FL NAPLES, FL 34103		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMPSON, JACK A 223 BAYFRONT DR BONITA SPRINGS, FL 34134	
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE</small>		1/15/2004 239-944-0151 <small>Date Daytime Phone #</small>