


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000016307</b> 1. Entity Name <b>TOM R. AND ASSOCIATES, LLC</b>	
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Principal Place of Business <b>726 N.E. 1ST STREET GAINESVILLE, FL 32601-5347</b>	Mailing Address <b>726 N.E. 1ST STREET GAINESVILLE, FL 32601-5347</b>
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03222006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3745849</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>RUSH, ROBERT A 726 N.E. 1ST STREET GAINESVILLE, FL 32601-5347</b>
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**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 file if applicable (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSH, ROBERT A 726 N.E. 1ST STREET GAINESVILLE, FL 326015347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPERRING, TOM R SR. 2926 N.W. 22ND ST. GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPERRING, PHYLLIS 2926 N.W. 22ND ST. GAINESVILLE, FL 32605
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03/24/06 100001 012 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

*Robert A. Rush*

*3/22/06*

*352 373 7566*

Date

Daytime Phone #