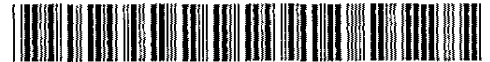


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000016307 1. Entity Name TOM R. AND ASSOCIATES, LLC	
--	---

Principal Place of Business 726 N.E. 1ST STREET GAINESVILLE, FL 32601-5347	Mailing Address 726 N.E. 1ST STREET GAINESVILLE, FL 32601-5347
--	--



01262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3745849	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent RUSH, ROBERT A 726 N.E. 1ST STREET GAINESVILLE, FL 32601-5347
--

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's signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

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. 2928 N.W. 22ND ST. GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SPERRING, PHYLLIS 2928 N.W. 22ND ST. GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000617078 02/07/07-80058-014 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 719, 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 606, Florida Statutes.

SIGNATURE:  **1/30/07 (352) 373 7566**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #