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	Mailing Address
726 N.E. 1ST STREET GAINESVILLE, FL 32601-5347	726 N.E. 1ST STREET GAINESVILLE, FL 32601-5347

DO NOT WRITE IN THIS SPACE

01262007 No Chg-LLC CR2E083 (11/05)

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

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

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RUSH, ROBERT A
STREET ADDRESS	726 N.E. 1ST STREET
CITY-ST-ZIP	GAINESVILLE, FL 326015347
TITLE	MGR
NAME	SPERRING, TOM R SR.
STREET ADDRESS	2928 N.W. 22ND ST.
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	MGR
NAME	SPERRING, PHYLLIS
STREET ADDRESS	2928 N.W. 22ND ST.
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/07/07-80058-014 50.00

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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: _____ 1/30/07 (352)3737566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #