

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000016577

1. Entity Name
THOMSON LIMITED, LLC.



Principal Place of Business
3620 ASTER DR
SARASOTA, FL 34233

Mailing Address
3620 ASTER DR
SARASOTA, FL 34233

FILED
Jul 08, 2004 08:00 AM
Secretary of State



07052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
33-1061863

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THOMSON, LINDA
3620 ASTER DR
SARASOTA, FL 34233

**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 LINDA THOMSON

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-5-04

DATE

Filing Fee is \$50.00
Due by September 8, 2004

U000000164654
07/08/04-80017-014 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
THOMSON, GERALD
3620 ASTER DR
SARASOTA, FL 34233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
THOMSON, LINDA
3620 ASTER DR
SARASOTA, FL 34233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7-5-04 945-929-9704