


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000024891
1. Entity Name
THAI LAINA, L.L.C.



Principal Place of Business 6518 GATEWAY AVE. SARASOTA, FL 34231	Mailing Address 8413 COUNTRY PARKWAY SARASOTA, FL 34243-2944
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DO NOT WRITE IN THIS SPACE



01282004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0482413	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REINICKE, STEPHANIE A
1800 SECOND STREET STE. 803
SARASOTA, FL 34236

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004

000000068678
02/27/04-80030-023 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SYSOUVANH, BOUNHEUAN 4440 MCINTOSH LAKE AVE. SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SYSOUVANH, BOUNNY 4440 MCINTOSH LAKE AVE. SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TIAMTISACK, SOMNHUTH 8413 COUNTRY PARKWAY SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TIAMTISACK, SENCNCCUM 8413 COUNTRY PARKWAY SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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 50B, Florida Statutes.

SIGNATURE: *Stephanie Reinicke* 2-25-04 941 x 351-1120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #