

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000030202

1. Entity Name
THISTLE HOUSE, LLC



FILED

04 APR 21 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
390 NORTH ORANGE AVENUE, SUITE 1100
ORLANDO, FL 32801

Mailing Address
390 NORTH ORANGE AVENUE, SUITE 1100
ORLANDO, FL 32801

13K



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
02-0656280

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FL, INC
390 NORTH ORANGE AVENUE, SUITE 1100
ORLANDO, FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 signature required when reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME THOMSON, MARGARET
STREET ADDRESS 26 SMITHYCROFT
CITY-ST-ZIP HAMILTON, ML3 7UL SCOTLAND, ☐ Delete

TITLE MGR
NAME DALZIEL, JOHN
STREET ADDRESS 26 SMITHYCROFT
CITY-ST-ZIP HAMILTON, ML3 7UL SCOTLAND, ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME THOMSON, MARGARET
STREET ADDRESS 10 HUNTING LODGE GARDENS
CITY-ST-ZIP HAMILTON ML3 7EB SCOTLAND UK ☒ Change ☐ Addition

TITLE MGR
NAME DALZIEL
STREET ADDRESS 11255 MACAW COURT
CITY-ST-ZIP WINDERMERE FLORIDA 34786 ☒ Change ☐ Addition

TITLE
NAME 200034409792
STREET ADDRESS 04/28/04--01028--016 **50.00
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: MARGARET THOMSON 4/14/04 01144169828546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #