2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# L02000031615

Entity Name: THORNTON MANOR, L.L.C.

Current Principal Place of Business:

642 E.RIDGEWOOD ST
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

642 E.RIDGEWOOD ST
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 05-0547541 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THILMONY, MATTHEW F
2190 W. FAIRBANKS AVE.
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

THILMONY, MATTHEW F
642 E. RIDGEWOOD STREET
ORLANDO, FL 32803 US

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.

SIGNATURE: MATTHE F. THILMONY 03/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: THILMONY, MATTHEW F
Address: 2190 W. FAIRBANKS AVE
City-St-Zip: WINTER PARK, FL 32789

Title: MGR ( ) Delete
Name: THILMONY, KARIN T
Address: 2190 W. FAIRBANKS AVE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: THILMONY, MATTHEW F
Address: 642 E. RIDGEWOOD STREET
City-St-Zip: ORLANDO, FL 32803

Title: MGR (X) Change ( ) Addition
Name: THILMONY, KARIN T
Address: 642 E. RIDGEWOOD STREET
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KARIN T. THILMONY MGR 03/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date