

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000032681

**FILED**  
**Apr 25, 2004**  
**Secretary of State**

**Entity Name:** THOMPSON DESIGNER HOMES, LLC

**Current Principal Place of Business:**

67 SOUTHPORT COVE  
NAPLES, FL 34134

**New Principal Place of Business:**

67 SOUTHPORT COVE  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

67 SOUTHPORT COVE  
NAPLES, FL 34134

**New Mailing Address:**

67 SOUTHPORT COVE  
BONITA SPRINGS, FL 34134

**FEI Number:** 51-0441058

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMPSON, LLOYD  
67 SOUTHPORT COVE  
BONITA SPRINGS, FL 34134 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: THOMPSON, LLOYD  
Address: 67 SOUTHPORT COVE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGRM ( ) Delete  
Name: THOMPSON, LINDA INENE  
Address: 67 SOUTHPORT COVE  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LLOYD THOMPSON

MR

04/25/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date