

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90006 044 ****50.00

DOCUMENT # L02000033690			
1. Entity Name THE THUNDERBIRD GROUP, LLC			
Principal Place of Business MILLENNIUM MARBLE 1466 RAILHEAD BLVD. NAPLES, FL 34110		Mailing Address ROBERT D. ROYSTON, JR., PA PO DRAWER 60205 FORT MYERS, FL 33906	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 56-2306539		Applied For Not Applicable	
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	
ROYSTON, ROBERT D JR. 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS, FL 33907		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 _____ (NOTE: Registered Agent signature required when renaming) DATE _____			
Filing Fee is \$80.00 Due by May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete	MGRM DAVIS, ROBERT J 1955 W FARM RD 186 SPRINGFIELD, MO 65810	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete	MGRM DAVIS, BRIAN 119 - H PINEYCLIFF LANE MANCHESTER, MO 63021	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☒ Change ☐ Addition	Brian Davis 2255 Malibu Lakes circle #323 Naples FL 34110
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete	MGRM RASQUINHA, WARREN 1234-C KNOLLHAVEN LANE MANCHESTER, MO 63021	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☒ Change ☐ Addition	Warren Rasquinha 2215 Malibu Lakes circle #727 Naples FL 34110
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		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: 		Brian Davis 4/15/04 239-592-7500 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #	

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