


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90286 015 ****50.00

DOCUMENT # L03000000583	
1. Entity Name MICHAEL ALAN THOMPSON, LLC	

Principal Place of Business 7991 GEORGIAN BAY CIR, #109 FT. MYERS FL 33912	Mailing Address 7991 GEORGIAN BAY CIR, #109 FT. MYERS FL 33912
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MOORE CR2E083 (11/03)

2. Principal Place of Business 4390 Sambaourne St	3. Mailing Address 4390 Sambaourne St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CLERMONT, FL	City & State CLERMONT, FL
Zip 34711	Zip 34711
Country USA	Country USA

4. FEI Number 02-0671297	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	SAME AGENT
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 reinstating) DATE _____

EMAIL ADDRESS MA Thompson LLC@aol.com	FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMPSON, MICHAEL 7991 GEORGIAN BAY CIR, #109 FT. MYERS FL 33912
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10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael Thompson* **Michael Alan Thompson** **4/2/04** **239** **7073767**