


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90041 036 \*\*\*\*50.00

<b>DOCUMENT # L03000000583</b>	
1. Entity Name <b>MICHAEL ALAN THOMPSON, LLC</b>	

Principal Place of Business <b>153 DALTON COURT DAVENPORT, FL 33897</b>	Mailing Address <b>4390 SAMBOURNE ST. CLERMONT, FL 34711-5235</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>153 DALTON COURT</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>DAVENPORT FL</b>	
Zip <b>33897</b>	Country <b>USA</b>	Zip <b>33897</b>	Country <b>USA</b>

	
07062007 Chg-LLC	CR2E083 (12/06)
4. FEI Number <b>02-0671297</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by September 14, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR THOMPSON, MICHAEL A 153 DALTON COURT DAVENPORT, FL 33897 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained in Chapter 119, 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: 