

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000007117

**FILED**  
**Jan 13, 2005**  
**Secretary of State**

**Entity Name:** TOM REID LLC

**Current Principal Place of Business:**

1203 HELENA RD.  
WINTER HAVEN, FL 33884

**New Principal Place of Business:**

**Current Mailing Address:**

1203 HELENA RD.  
WINTER HAVEN, FL 33884

**New Mailing Address:**

**FEI Number:** 04-3744207

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REID, TOM  
1203 HELENA RD.  
WINTER HAVEN, FL 33884 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: MGR ( ) Delete  
Name: REID, TOM  
Address: 1203 HELENA RD.  
City-St-Zip: WINTER HAVEN, FL 33884

**ADDITIONS/CHANGES:**

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: TOM REID

MR

01/13/2005

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