

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025618

**FILED**  
**Jan 30, 2007**  
**Secretary of State**

**Entity Name:** THOMAS LEE GROUP ACQUISITIONS, LLC

**Current Principal Place of Business:**

7512 DR. PHILLIPS BLVD.  
SUITE 50 PMB 133  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**Current Mailing Address:**

7512 DR. PHILLIPS BLVD.  
SUITE 50 PMB 133  
ORLANDO, FL 32819 US

**New Mailing Address:**

**FEI Number:** 65-1200260      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GUILLOT, BRYAN  
9966 KILGORE ROAD  
ORLANDO, FL 32836 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GUILLOT, BRYAN  
Address: 7512 DR. PHILLIPS BLVD., SUITE 50 PMB 133  
City-St-Zip: ORLANDO, FL 32819 US

Title: MGRM ( ) Delete  
Name: GUILLOT, LINDA  
Address: 7512 DR. PHILLIPS BLVD., SUITE 50 PMB 133  
City-St-Zip: ORLANDO, FL 32819 US

**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 Chapter 119, 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: BRYAN T. GUILLOT

MGRM

01/30/2007

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