

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90059 033 ****50.00

DOCUMENT # L03000028453					
1. Entity Name THOMASON RUSSELL INVESTMENTS, LLC					
Principal Place of Business 1241 AIRPORT RD. SUITE C DESTIN, FL 32541			Mailing Address 356 BILLFISH AVE., UNIT 4 FT. WALTON BEACH, FL 32548		
2. Principal Place of Business		3. Mailing Address 1241 AIRPORT RD			
Suite, Apt. #, etc.		SUITE C			
City & State		DESTIN FL		4. FEI Number 42-1600436	
Zip		32541		Country OKALOOSA	
6. Name and Address of Current Registered Agent THOMASON, P. LEIGH 356 BILLFISH AVE., UNIT 4 FT WALTON BEACH, FL 32548				7. Name and Address of New Registered Agent Name: P. LEIGH THOMASON Street Address (P.O. Box Number is Not Acceptable): 1241 AIRPORT RD SUITE C City: DESTIN FL Zip Code: 32541	
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: <u>P. Leigh Thomason</u> DATE: <u>1-11-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSSELL, DAVID H 75 SCARLETT OAK LANE DAWSONVILLE, GA 30534	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMASON, P LEIGH 356 BILLFISH AVENUE, UNIT 4 FT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: <u>P. Leigh Thomason</u>				Date: <u>1-11-06</u> Daytime Phone #: <u>850 654 9191</u>	