


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Jan 12, 2007 8:00 am**  
**Secretary of State**

01-12-2007 90031 009 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # L03000028453</b>                             |  |
| 1. Entity Name<br><b>THOMASON RUSSELL INVESTMENTS, LLC</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>1241 AIRPORT RD.<br/>SUITE C<br/>DESTIN, FL 32541</b> | Mailing Address<br><b>1241 AIRPORT RD.<br/>SUITE C<br/>DESTIN, FL 32541</b> |
|---|---|

|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

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|--|---------------------------------------|
|  |                                       |
| 01082007 Chg-LLC   | CR2E083 (12/06)                       |
| 4. FEI Number<br><b>42-1600436</b>   | Applied For<br>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   |  |
| <b>THOMASON, P. LEIGH<br/>1241 AIRPORT RD. <i>1241 AIRPORT RD.</i><br/>SUITE C<br/>DESTIN, FL 32541</b> |  |

|   |  |
|---|--|
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |
| DATE _____  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>   | <b>Make check payable to<br/>Florida Department of State</b> |

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>RUSSELL, DAVID H<br>75 SCARLETT OAK LANE<br>DAWSONVILLE, GA 30534<br><input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR M<br>Russell, David H.<br>75 SCARLETT OAK LANE<br>Dawsonville, GA 30534<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR M<br>THOMASON, P LEIGH<br>356 BILLFISH AVENUE, UNIT 4<br>FT WALTON BEACH, FL 32548<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>Thomason, P. Leigh<br>1241 Airport Rd., STE. C<br>DESTIN, FL 32541<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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| 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><i>P. Leigh Thomason, MGR</i></u>  | Date: <u><i>1-8-07</i></u> (404) 509-3677 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |
| <small>Daytime Phone #</small>   |   |