


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000044089</b> 1. Entity Name <b>DAVID A THOMPSON LLC</b>	
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Principal Place of Business <b>4602 YELLOW WATER RD. JACKSONVILLE FL 32234</b>	Mailing Address <b>4602 YELLOW WATER RD. JACKSONVILLE FL 32234 US</b>
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2. Principal Place of Business  Suite, Apt #, etc. _____  City & State _____  Zip _____ Country _____	3. Mailing Address  Suite, Apt. #, etc. _____  City & State _____  Zip _____ Country _____
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1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent  <b>THOMPSON, DAVID 4602 YELLOW WATER RD. JACKSONVILLE FL 32234</b>	
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4. FEI Number <b>33-1075336</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

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.
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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>
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9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table style="width: 100%;"> <tr> <td style="width: 80%;">                             MGRM  <b>THOMPSON, DAVID A</b>  <b>4602 YELLOW WATER DRIVE</b>  <b>JACKSONVILLE FL 32234</b> </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Delete                         </td> </tr> </table>	MGRM <b>THOMPSON, DAVID A</b> <b>4602 YELLOW WATER DRIVE</b> <b>JACKSONVILLE FL 32234</b>	<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *David A Thompson* (904) 838-7833  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE