


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

01-23-2007 90056 009 \*\*\*\*50.00

DOCUMENT # L03000044089					
1. Entity Name DAVID A THOMPSON LLC					
Principal Place of Business 4602 YELLOW WATER RD. JACKSONVILLE FL 32234		Mailing Address 4602 YELLOW WATER RD. JACKSONVILLE FL 32234 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 33-1075336	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THOMPSON, DAVID 4602 YELLOW WATER RD. JACKSONVILLE FL 32234			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 <i>David A Thompson</i>		(NOTE: Registered Agent signature required when necessary)		DATE <i>2/10/07</i>	
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM THOMPSON, DAVID A 4602 YELLOW WATER DRIVE JACKSONVILLE FL 32234	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 Section 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: <i>David A Thompson</i>		(Signature and typed or printed name of signing managing member, manager, or authorized representative)		DATE <i>2/10/07</i>	