2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000049050

1. Entity Name
THOMAS E. GREGORY LLC

Principal Place of Business	Mailing Address
5390 SOUTH BOB WHITE DR. HOMOSASSA, FL 34446 US	5390 SOUTH BOB WHITE DR. HOMOSASSA, FL 34446 US

DO NOT WRITE IN THIS SPACE

04112005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
20-0433964	Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GREGORY, THOMAS E
5390 S. BOB WHITE DR.
HOMOSASSA, FL 34446

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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 _Thomas E. Gregory_   _4-12-05_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	GREGORY, THOMAS E
STREET ADDRESS	5390 S. BOB WHITE DR.
CITY-ST-ZIP	HOMOSASSA, FL 34446
TITLE	MGRM
NAME	GREGORY, LYNCH J
STREET ADDRESS	7055 WD. SASSER ST.
CITY-ST-ZIP	HOMOSASSA, FL 34446
TITLE	MGRM
NAME	GREGORY, WILBUR G
STREET ADDRESS	7055 WD. SASSER ST.
CITY-ST-ZIP	HOMOSASSA, FL 34446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Lynch should be Lynda (handwritten note)

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Lynda J. Gregory_ Lynda J. Gregory 4-12-05 352 621-7530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #