

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 29, 2004  
Secretary of State**

DOCUMENT# L03000050299

Entity Name: JULIAN Y. THOMAS, LLC

**Current Principal Place of Business:**

PO BOX 3054  
2281 BURNWAY RD  
HAINES CITY, FL 33845

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3054  
2281 BURNWAY RD  
HAINES CITY, FL 33845

**New Mailing Address:**

FEI Number: 11-3708684      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMAS, JULIAN Y  
6001 MISS HELEN RD  
HAINES CITY, FL 33844      US

**Name and Address of New Registered Agent:**

THOMAS, JULIAN Y  
PO BOX 3054  
2281 BURNWAY RD  
HAINES CITY, FL 33845      US

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.

SIGNATURE: \_\_\_\_\_ 04/29/2004  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: THOMAS, JULIAN Y  
Address: 6001 MISS HELEN RD  
City-St-Zip: HAINES CITY, FL 33844

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: THOMAS, JULIAN Y  
Address: PO BOX 3054 (2281 BURNWAY RD)  
City-St-Zip: HAINES CITY, FL 33844

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JULIAN Y. THOMAS      MR.      04/29/2004  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date