


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90143 015 *****55.00

DOCUMENT # L03000051562	
1. Entity Name THOMPSON VENTURES, L.L.C.	

Principal Place of Business 4660 APARTMENT D PINE ISLAND ROAD FL 33993	Mailing Address 4660 APARTMENT D PINE ISLAND ROAD FL 33993
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2. Principal Place of Business 8 OAK ST	3. Mailing Address 4660 Pine Island RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc. APT D
City & State ARCADIA FL	City & State MATLACHA FL
Zip 34266 Country DESOTo	Zip 33993 Country Lee



MOORE CR2E083 (11/03)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WALDRON, EUGENE E JR. 124 NORTH BREVARD AVENUE ARCADIA FL 34266	
7. Name and Address of New Registered Agent Name Terence L. Thompson Street Address (P.O. Box Number is Not Acceptable) 4660 APT D Pine Island RD City MATLACHA FL Zip Code 33993	

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 **Terence L. Thompson** **Terence L. Thompson** **2-28-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMPSON, TERENCE L 4660 APARTMENT D PINE ISLAND ROAD FL 33993 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: **Terence L. Thompson** **Terence L. Thompson** **2-28-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

239-898-1975