


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 22, 2005 8:00 am
Secretary of State

06-22-2005 90017 014 ****55.00

DOCUMENT # L03000051756

1. Entity Name
THOMAS SCOTT, LLC



| | |
|--|--|
| Principal Place of Business 339 ALEXANDER ROAD LAMONT, FL 32336 | Mailing Address 339 ALEXANDER ROAD LAMONT, FL 32336 |
|--|--|

20060519



06162005 No Chg-LLC CR2E083 (10/03)

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|--|---------------------------------------|
| 4. FEI Number 20-0487987 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**SCOTT, THOMAS B SR
 339 ALEXANDER ROAD
 LAMONT, FL 32336**

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

**Filing Fee is \$50.00
 Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR SCOTT, THOMAS B SR. 339 ALEXANDER ROAD LAMONT, FL 32336 |
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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: *Thomas B. Scott Sr.* **6/16/05** (850)-997-5536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #