


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 31, 2006 08:00 AM**  
**Secretary of State**


**DOCUMENT # L03000051756**

1. Entity Name  
**THOMAS SCOTT, LLC**



Principal Place of Business <b>339 ALEXANDER ROAD          LAMONT, FL 32336</b>	Mailing Address <b>339 ALEXANDER ROAD          LAMONT, FL 32336</b>
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**DO NOT WRITE IN THIS SPACE**



06132008 No Chg-LLC CR2E083 (11/05)

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 Scott* Thomas Scott 7/26/06  
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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

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 exemptions contained in Chapter 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: *Thomas Scott* Thomas Scott 7/26/06 (850) 991-5536  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #