

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053607

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: THORNTON FINANCIAL LLC

**Current Principal Place of Business:**

3415 CLYDESDALE AVENUE  
HOLIDAY, FL 34691

**New Principal Place of Business:**

**Current Mailing Address:**

3415 CLYDESDALE AVENUE  
HOLIDAY, FL 34691

**New Mailing Address:**

FEI Number: 20-0487101

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THORNTON, JAMES  
3415 CLYDESDALE AVENUE  
HOLIDAY, FL 34691

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: THORNTON, JAMES  
Address: 3415 CLYDESDALE AVENUE  
City-St-Zip: HOLIDAY, FL 34691

Title: MGRM ( ) Delete  
Name: KHARROUBI, KARIM  
Address: 5705 ERHARDT DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMES W. THORNTON

MGRM

04/28/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date