


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 20, 2005 8:00 am**  
**Secretary of State**

07-20-2005 90065 004 \*\*\*\*50.00

<b>DOCUMENT # L03000056498</b> 1. Entity Name THUNDER ROAD, LLC	
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Principal Place of Business 5399 E. HIGHWAY 30A SANTA ROSA BEACH, FL 32459	Mailing Address 5399 E. HIGHWAY 30A SANTA ROSA BEACH, FL 32459
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**DO NOT WRITE IN THIS SPACE**

05312005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
20-0529975

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRAD CONGLETON CPA, INC.  
50 UPTOWN GRAYTON CIRCLE  
15  
SANTA ROSA BEACH, FL FL

**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 \_\_\_\_\_  
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 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGR PRIEST, TRACEY 5399 E. HIGHWAY 30A SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGR PRIEST, FLOANN 5399 E. HIGHWAY 30A SANTA ROSA BEACH, FL 32459
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** X Tracey Priest 7/18/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #