

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000012430	
1. Entity Name LAW OFFICES OF DAVID R. THOMAS, L.L.C.	
Principal Place of Business 544 U.S. HIGHWAY 90 EAST DEFUNIAK SPRINGS, FL 32433	Mailing Address P.O. BOX 683 DEFUNIAK SPRINGS, FL 32435



04262006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1997990	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

THOMAS, DAVID R
 544 U.S. HIGHWAY 90 EAST
 DEFUNIAK SPRINGS, FL 32433

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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 _____ (NOTE: Registered Agent signature required when not filing)
Signature, typed or printed name of registered agent and title if applicable. DATE

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM THOMAS, DAVID R 544 U.S. HIGHWAY 90 EAST DEFUNIAK SPRINGS, FL 32433
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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 808, Florida Statutes.

SIGNATURE:  **9/27/06 850-872-0700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Official Phone #