2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2005
Secretary of State

DOCUMENT# L04000025399

Entity Name: THOMPSON FAMILY INVESTMENTS 2, LLC

Current Principal Place of Business:

2021 TYLER STREET
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

2021 TYLER STREET
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHNEIDER, REUBEN M
2021 TYLER STREET
HOLLYWOOD, FL 33020 US

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: MGR ( ) Delete
Name: THOMPSON, DEWITTE T III
Address: 2021 TYLER STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: THOMPSON, DEWITTE T III
Address: PO BOX 9586
City-St-Zip: FORT LAUDERDALE, FL 33310 US

Title: MGRM ( ) Change (X) Addition
Name: THOMPSON, RICHARD E
Address: PO BOX 9586
City-St-Zip: FORT LAUDERDALE, FL 33310 US

Title: MGRM ( ) Change (X) Addition
Name: THOMPSON, JUSTIN T
Address: PO BOX 9586
City-St-Zip: FORT LAUDERDALE, FL 33310 US

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: DEWITTE T THOMPSON III MGR 01/11/2005

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