

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025461

Entity Name: THULE LLC

FILED
Feb 16, 2006
Secretary of State

Current Principal Place of Business:

15474 S.W. 114TH STREET
MIAMI, FL 33196

New Principal Place of Business:

25 WEST CEDAR STREET
SUITE 245
PENSACOLA, FL 32502

Current Mailing Address:

15474 S.W. 114TH STREET
MIAMI, FL 33196

New Mailing Address:

25 WEST CEDAR STREET
SUITE 245
PENSACOLA, FL 32502

FEI Number: 80-0103362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMASON, GUDMUNDUR
15474 S.W. 114TH STREET
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

GISLASON, SNORRI
5942 HERMITAGE DRIVE
PENSACOLA, FL 32504 US

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: SNORRI GISLASON

02/16/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PALMASON, GUDMUNDUR
Address: 15474 S.W. 114TH STREET
City-St-Zip: MIAMI, FL 33196

Title: MGRM () Delete
Name: GISLASON, SNORRI
Address: 5942 HERITAGE DRIVE
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: GISLASON, SNORRI
Address: 5942 HERMITAGE DRIVE
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SNORRI GISLASON

MR

02/16/2006

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