2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2006
Secretary of State

DOCUMENT# L04000028337

Entity Name: THOMPSON EQUITY, LLC.

Current Principal Place of Business:

5950 SW 74TH STREET
#206
SOUTH MIAMI, FL 33143 US

New Principal Place of Business:

1172 SOUTH DIXIE HWY
#575
CORAL GABLES, FL 33146 US

Current Mailing Address:

5950 SW 74TH STREET
#206
SOUTH MIAMI, FL 33143 US

New Mailing Address:

1172 SOUTH DIXIE HWY
#575
CORAL GABLES, FL 33146 US

FEI Number: 38-3701305 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LE CESNE, CRAIG W SR.
5950 SW 74TH STREET
#206
SOUTH MIAMI, FL 33143 US

Name and Address of New Registered Agent:

LE CESNE, CRAIG W SR.
1172 SOUTH DIXIE HWY
#575
CORAL GABLES, FL 33146 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: CRAIG LE CESNE 08/30/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LECESNE, CRAIG W SR.
Address: 5950 SW 74TH STREET, #206
City-St-Zip: SOUTH MIAMI, FL 33143 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LECESNE, CRAIG W SR.
Address: 1172 SOUTH DIXIE HWY #575
City-St-Zip: CORSL GABLES, FL 33146 US

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: CRAIG LE CESNE MGR 08/30/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date