

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

08-31-2005 90065 042 \*\*\*\*50.00

<b>DOCUMENT # L04000031890</b> 1. Entity Name <b>THOMASSEN WORRINGTON STREET, LLC</b>			
Principal Place of Business <b>3035 IRVING STREET SARASOTA, FL 34236</b>		Mailing Address <b>3035 IRVING STREET SARASOTA, FL 34236</b>	
2. Principal Place of Business <i>6632 S. Lockwood Ridge Rd.</i>		3. Mailing Address <i>P.O. Box 18271</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Sarasota FL.</b>		City & State <b>Sarasota FL.</b>	
Zip <b>34231</b>		Zip <b>34276</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-1157021</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MOORE, JOHN L 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236</b>		7. Name and Address of New Registered Agent Name <b>J.H. Thomassen</b> Street Address (P.O. Box Number is Not Acceptable) <i>6632 S. Lockwood Ridge Rd.</i> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34231</b>	
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 <i>J.H. Thomassen</i> <b>8-23-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>		<b>10. ADDITIONS / CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <i>President/Manager John H. Thomassen 6632 S. Lockwood Ridge Rd Sarasota, FL 34231</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>J.H. Thomassen</i> <b>8-23-05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

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08222005 Chg-LLC CR2E083 (10/03)