2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000033577

1. Entity Name
TOM NELSON ENTERPRISES LLC

Principal Place of Business	Mailing Address
2102 NE 145TH AV RD SILVER SPRINGS, FL 34488 US	2102 NE 145TH AV RD SILVER SPRINGS, FL 34488 US

DO NOT WRITE IN THIS SPACE

01122006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1072945

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, EDWARD T
2102 NE 145TH AV RD
SILVER SPRINGS, FL 34488

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

U00000386169
01/18/06-80046-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	NELSON, EDWARD T
STREET ADDRESS	2102 NE 145TH AV RD
CITY-ST-ZIP	SILVER SPRINGS, FL 34488
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 608, Florida Statutes.

SIGNATURE: Edward T Nelson 11-12-06 352 625 6823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #