

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053056

Entity Name: KELLIE ANN THOMAS, LLC

FILED
May 09, 2006
Secretary of State

Current Principal Place of Business:

8897 DARTMOOR WAY
FORT MYERS, FL 33908

New Principal Place of Business:

16032 CUTTERS COURT
FORT MYERS, FL 33908

Current Mailing Address:

8897 DARTMOOR WAY
FORT MYERS, FL 33908

New Mailing Address:

16032 CUTTERS COURT
FORT MYERS, FL 33908

FEI Number: 20-1372579 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:

THOMAS, KELLIE ANN
8897 DARTMOOR WAY
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

THOMAS, KELLIE ANN
16032 CUTTERS COURT
FORT MYERS, FL 33908 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: KELLIE ANN THOMAS

05/09/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THOMAS, KELLIE ANN
Address: 8897 DARTMOOR WAY
City-St-Zip: FORT MYERS, FL 33908 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: THOMAS, KELLIE ANN
Address: 16032 CUTTERS COURT
City-St-Zip: FORT MYERS, FL 33908 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: KELLIE ANN THOMAS

MGR

05/09/2006

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