


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L04000055489 1. Entity Name JOHN A. THOMPSON ENTERPRISES, L.L.C. |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 6272 BLACKFOX WAY TALLAHASSEE, FL 32312 | Mailing Address 6272 BLACKFOX WAY TALLAHASSEE, FL 32312 |
|---|---|

DO NOT WRITE IN THIS SPACE



01112008No Chg-LLC CR2E083 (12/07)

| | |
|---|--|
| 4. FEI Number 56-2498472 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| | |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent THOMPSON, JOHN A 6272 BLACKFOX WAY TALLAHASSEE, FL 32312 | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|---|--|------------|

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM THOMPSON, JOHN A OWNER 6272 BLACKFOX WAY TALLAHASSEE, FL 32312 |
| 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 | |
| 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: John A. Thompson **1-16-08 850-509-5687**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #