2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2006
Secretary of State

DOCUMENT# L04000057859

Entity Name: LAW OFFICE OF GENA K. THORNTON, P.L.

Current Principal Place of Business:

550 WATER STREET
SUITE 1040
JACKSONVILLE, FL 32202

New Principal Place of Business:

550 WATER STREET
SUITE 947
JACKSONVILLE, FL 32202

Current Mailing Address:

550 WATER STREET
SUITE 1040
JACKSONVILLE, FL 32202

New Mailing Address:

550 WATER STREET
SUITE 947
JACKSONVILLE, FL 32202

FEI Number: 20-2890211 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

THORNTON, GENA K
550 WATER STREET
SUITE 1040
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

THORNTON, GENA K
550 WATER STREET
SUITE 947
JACKSONVILLE, FL 32202 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: GENA K. THORNTON 05/11/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: THORNTON, GENA K
Address: 550 WATER STREET, SUITE 1040
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: THORNTON, GENA K
Address: 550 WATER STREET, SUITE 947
City-St-Zip: JACKSONVILLE, FL 32202

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: GENA K. THORNTON MGRM 05/11/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date