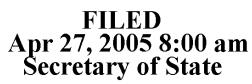
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT #1 04000064386



1. Entity Name JOHN LEE THOMAS, LLC						04-27-2005 90035 017 ****50.00				
Principal Place of Business 6940 BROOKRIDGE TRAILS LAKELAND, FL 33810			Mailing Address 6940 BROOKRIDGE TRAILS LAKELAND, FL 33810							
2. Principal P	lace of Business	s	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01122005	Chg-LLC	CR2E0	33 (10/03)	
City & State			City & State			4. FEI Numb	Der	Applied For Not Applicable		
Zip	Country		Zip Count		try	5. Certificate of Status Desired		\$5.00 Additional Fee Required		
	6. Name an	d Address of Current R				7. Name and Address of New Registered Agent				
	JOHN L OKRIDGE T D, FL 33810		Name Street Address ((P.O. Box Numb	per is Not Acceptable	·)		
			-		City			FL	Zip Code	в
			the purpose of changing its	register	ed office or registe	red agent, or be	oth, in the State of Flo		amiliar with,	and accept
CICNIATION	tions of registere	,								
SIGNATURE .	Signature, typed or p	rinted name of registered agent an	d title if applicable. (NOT	E: Registere	d Agent signature require	d when reinstating)		DATE		
Fi D	iling Fee is i ue by May 1	\$50.00 1, 2005			_			e check pa Departmo	ayable to ent of State	B
9.	MODM	MANAGING MEMBER		10.			ADDITIONS/	CHANGES		<u></u>
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM THOMAS, JO 6940 BROOK LAKELAND,	KRIDGE TRAILS	☐ Delete	1	į.				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		1				Change .	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delicte	TITL NAM STRE	E				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1				Change Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Delete	•					☐ Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Delete	•					Change	Addition
11. I hereby indicated limited lia	certify that the in d on this report is ability company	s true and accurate and to or the receiver or trustee	this filing does not qualify for hat my signature shall have empowered to execute this	or the exe the sam report a	mption stated in Se e legal effect as if r s required by Chap	ection 119.07(3 made under oat oter 608, Florida	(i), Florida Statutes. h; that I am a manag Statutes.	further cert ging membe	ify that the ir r or manage	nformation or of the