

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000065146

1. Entity Name

THOMPSON AVE. PROPERTY LLC



Principal Place of Business

675 S. THOMPSON AVE  
LECANTO, FL 34461-8663

Mailing Address

675 S. THOMPSON AVE  
LECANTO, FL 34461-8663



02222007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

77-0646150

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DONNELLY, SUSAN E MGRM  
9872 E TRYON CT  
INVERNESS, FL 34450

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
DONNELLY, SUSAN  
675 S THOMPSON AVE  
LECANTO, FL 344618663

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
DONNELLY, RICHARD  
675 S THOMPSON AVE  
LECANTO, FL 344618663

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
DONNELLY, RICHARD JR.  
675 S THOMPSON AVE  
LECANTO, FL 344618663

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
DONNELLY, PETER  
675 S THOMPSON AVE  
LECANTO, FL 344618663

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U000000649284  
03/07/07-80043-006 55.00

**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:

*Susan Donnelly* SUSAN Donnelly

2-22-07 352 527 4430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #