

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 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**



02132008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 77-0646150	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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 _____

**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
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

U00000838273
03/05/08-80023-018 143.75

**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 2-20-08 352 527 4430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #