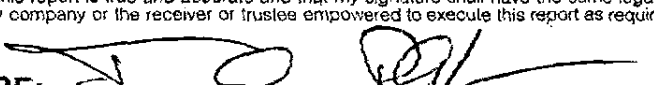


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000067356 1. Entity Name TOM PHILLIPS BUILDERS LLC					
Principal Place of Business 1360 SE 55 AVE. OCALA FL 34471			Mailing Address 1360 SE 55 AVE. OCALA FL 34471		
2. Principal Place of Business Suite, Apt. #, etc. SAME		3. Mailing Address Suite, Apt. #, etc. SAME			
City & State		City & State		4. FEI Number 20-0524098	
Zip		Country MARION		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PHILLIPS, THOMAS L 1360 SE 55 AVE. OCALA FL 34471				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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  DATE 4-10-06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, THOMAS L		NAME		
STREET ADDRESS	1360 SE 55 AVE.		STREET ADDRESS		
CITY - ST - ZIP	OCALA FL 34471		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 				DATE: 4-10-06	