2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000072062

1. Entity Name
THOMAS J. FITZPATRICK, LLC

Principal Place of Business	Mailing Address
475 PALMDALE DR.	475 PALMDALE DR.
OLDSMAR, FL 34677	OLDSMAR, FL 34677

DO NOT WRITE IN THIS SPACE

02082007 No Chg-LLC   CR2E083 (11/05)

4. FEi Number	Applied For
34-2006712	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FITZPATRICK, THOMAS J
475 PALMDALE DR.
OLDSMAR, FL 34677

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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	MGRM
NAME	FITZPATRICK, THOMAS J
STREET ADDRESS	475 PALMDALE DR.
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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02/26/07-80045-019 50.00

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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: X _____   X 02/08/2007   X 727 787 8478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #