


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90252 017 ****50.00

DOCUMENT # L04000083432	
1. Entity Name THOMAS S. HUDSON, LLC	

Principal Place of Business 4650 PARADISE ISLE DESTIN FL 32541 US	Mailing Address P O BOX 698 DESTIN FL 32540 US
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2. Principal Place of Business - No P.O. Box # 807 Golf Dr.	3. Mailing Address 807 Golf Dr
Suite, Apt. #, etc. CLANTON, A1	Suite, Apt. #, etc. CLANTON, A1
City & State CLANTON, A1	City & State CLANTON, A1
Zip 35045	Zip 35045
Country	Country

1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent HUDSON, THOMAS S 4650 PARADISE ISLE DESTIN FL 32541	
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7. Name and Address of New Registered Agent	
Name Thomas S Hudson	
Street Address (P.O. Box Number is Not Acceptable) 713 MARCIA Circle	
City MARY ESTHER FL.	Zip Code FL 32569

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 Thomas S Hudson DATE 3-30-07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUDSON, THOMAS S 4650 PARADISE ISLE DESTIN FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUDSON, THOMAS S 713 MARCIA CIRCLE MARY ESTHER FL. 32569 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Thomas S Hudson DATE 3-30-07

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

Date

Daytime Phone #