


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000086039 1. Entity Name THAI-BY-THAI ENTERPRISES, LLC	
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Principal Place of Business 124 PALM COAST PARKWAY, NE PALM COAST, FL 32137 US	Mailing Address 124 PALM COAST PARKWAY, NE PALM COAST, FL 32137 US
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07192007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by September 14, 2007**

000000771161
08/01/07-80008-006 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BANCHANURAT, SOMPONG 124 PALM COAST PARKWAY NE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANCHANURAT, SOMPONG 124 PALM COAST PARKWAY NE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BANCHANURAT, SUPATTRA 124 PALM COAST PARKWAY NE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BANCHANURAT, SUPATTRA 124 PALM COAST PARKWAY NE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BANCHANURAT, SUPATTRA 124 PALM COAST PARKWAY NE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANCHANURAT, SUPATTRA 124 PALM COAST PARKWAY NE PALM COAST, FL 32137

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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: *SOMPONG BANCHANURAT*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

07-30-07 386-4460009

Date Daytime Phone #