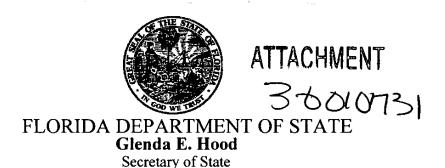
5/20/2005-

FILED Aug 19, 2005 8:00 am Secretary of State

DOCUMENT # L04000094085 1. Entity Name THOMAS DRIVE PCB, L.L.C.						05-20-	-2005 90208 ()15 ***1:	
Principal Place 155 CRYSTAL SUITE 137 DESTIN, FL 3	BEACH DRIVE	Mailing Address P.O. BOX 1330 SANTA ROSA BEACH,	30		I VERNELL EN	Sein Siek Seil Sen ee	¥ 	Errozi di lesi	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. ≢, etc.		Suite, Apr. #, etc.		03222005	Chg-LLC	CR2E083 (10/03	3)		
City & State		City & State		4. FEI Number	1	• /	Applied For		
Zip	Country	Zip	Country	y		of Status Desired	\$5.00 A	dditional	
	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New F			
	TAL BEACH DRIVE		Street Address			(P.D. Box Number is Not Acceptable)			
SUITE 137. DESTIN, FL		-		~				·	
The above named entity submits this statement for the purpose of changing its				City	FL Zip Code				
	named entity submits this statement is ons of registered agent.	or the purpose of changing it	ts registered	l Office or regis	stered agent, or bo	th, in the State of Fi	orida. Tam familiar viti	h, and accept	
SIGNATURE _	Synature, lybed or of steet harve of regresered agen	and site if applicable (NO	IE Registered A	gent agreture requ	red when remissing)	·	DATE		
Fil Du	ing Fee is \$50.00 ie by May 1, 2005					Make check payable to Florida Department of State			
9.	MANAGING MEMB		10.			ADDITIONS			
name Street address	MGRM KEMP, DANNY R 155 CRYSTAL BEACH DRIVE.	☐ Delete SUITE 137		ADDRESS			Change	Addition	
TITLE NAME	DESTIN, FL 32541 MGRM HENRY, THOMAS B JR. 11289A EMERALD COAST PAR DESTIN, FL 32540	C) Delete	CITY-SI TITLE MAANE SINCET CITY-S	ADDRESS	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
TIPLE NAME STREET ADDRESS CITY-ST-EP		☐ ()cide	INTLE NAME	ADORESS			Change	Addition	
UTUE NAME STREET ADDRESS CTY-ST-OP		☐ Delicte	FITE NAME STREET CITY-SI	ADDRESS II-ZIP			Change	☐ Addition	
THEE NAME STREET ADDRESS CITY-SI-ZIP		C) Debtes	TITLE HAME SIREEF CHY-SI	ADORESS 1- ZP			Change	☐ Addition	
NAME SIREEF ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET CITY-SI	ADOPESS 1-ZIP			Change	Addison	
indicated (ertily that the information supplied wit on this report is true and accurate and sitily company or the receiver or truste	that my signature shall have	e the same k	ecal ellect as i	il made under oath	: ibal i am a madac	further certify that the ing member or manag	information per of the	
SIGNAT		DAAAT HONO MENDEN, M	AMAGER, OR IL	M. Q.	& Aut	€-1-• Dale	Cayane Prome s		



May 24, 2005

THOMAS DRIVE PCB, L.L.C. P.O. BOX 1330 SANTA ROSA BEACH, FL 32459

Subject: THOMAS DRIVE PCB, L.L.C.

Reference Number:

L04000094085

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JD ANNUAL REPORTS SECTION