

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90044 043 ****50.00

20020682



DOCUMENT # L05000005733 1. Entity Name THOMAS J. SADLER LLC					
Principal Place of Business 2108 GREAT OAK DR. TALLAHASSEE, FL 32303			Mailing Address 2108 GREAT OAK DR. TALLAHASSEE, FL 32303		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SADLER, THOMAS A J 2108 GREAT OAK DR. TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent Name <u>Sadler, Thomas J.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2108 Great Oak Dr</u> City <u>Tallahassee</u> <u>FL</u> Zip Code <u>32303</u>	
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 <u>Thomas J. Sadler</u> <u>Thomas J. Sadler</u> <u>3/23/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SADLER, THOMAS J 2108 GREAT OAK DR. TALLAHASSEE, FL 32303	<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	MGRM SADLER, IRIS M 2108 GREAT OAK DR. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Thomas J. Sadler</u> <u>Thomas J. Sadler</u> <u>3/23/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					