2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# L05000009203

Entity Name: THOMSON BROCK LUGER & COMPANY, PLC

Current Principal Place of Business:

3375-G CAPITAL CIRCLE, NE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

3375-G CAPITAL CIRCLE, NE
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 20-2259573 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BIST, MICHAEL P
1300 THOMASWOOD DRIVE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: BROCK, HAROLD A JR.
Address: 3375-G CAPITAL CIRCLE, N. E.
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM ( ) Change (X) Addition
Name: LUGER, FRED C
Address: 3375-G CAPITAL CIRCLE, N. E.
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM ( ) Change (X) Addition
Name: HANSARD, MATTHEW R
Address: 3375-G CAPITAL CIRCLE, N. E.
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HAROLD A. BROCK, JR. MBRM 04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date