

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000009203

**FILED**  
**Mar 27, 2012**  
**Secretary of State**

**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:** MGRM  
**Name:** BROCK, HAROLD A JR.  
**Address:** 3375-G CAPITAL CIRCLE, N. E.  
**City-St-Zip:** TALLAHASSEE, FL 32308

**Title:** MGRM  
**Name:** LUGER, FRED C  
**Address:** 3375-G CAPITAL CIRCLE, N. E.  
**City-St-Zip:** TALLAHASSEE, FL 32308

**Title:** MGRM  
**Name:** HANSARD, MATTHEW R  
**Address:** 3375-G CAPITAL CIRCLE, N. E.  
**City-St-Zip:** TALLAHASSEE, FL 32308

**Title:** MGRM  
**Name:** BACHMAN, ANN M  
**Address:** 3375-G CAPITAL CIRCLE, N.E.  
**City-St-Zip:** TALLAHASSEE, FL 32308

**Title:** MGRM  
**Name:** REAMS, RODNEY  
**Address:** 3375-G CAITAL CIRCLE, N.E.  
**City-St-Zip:** TALLAHASSEE, FL 32308

I hereby 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:** FRED C. LUGER

MGRM

03/27/2012

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