

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jan 16, 2007
Secretary of State**

DOCUMENT# L05000010840

Entity Name: THOMAS KILLEN, L.L.C.

Current Principal Place of Business:

843 MARBLEHEAD DRIVE
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

843 MARBLEHEAD DRIVE
NAPLES, FL 34104

New Mailing Address:

FEI Number: 20-2339217 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KILLEN, THOMAS
843 MARBLEHEAD DRIVE
NAPLES, FL 34104 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 () Delete
Name: KILLEN, THOMAS
Address: 843 MARBLEHEAD DRIVE
City-St-Zip: NAPLES, FL 34104

Title: MGRM () Delete
Name: KILLEN, MARIANNE
Address: 843 MARBLEHEAD DRIVE
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS KILLEN

MGMR

01/16/2007

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