

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 16 AM 10:21

DOCUMENT # L05000013274

1. Entity Name
THUNDER ROAD VENTURES, LLC



Principal Place of Business
1843 COMMODORE POINT DRIVE
ORANGE PARK, FL 32003

Mailing Address
1843 COMMODORE POINT DRIVE
ORANGE PARK, FL 32003

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03162006 Chg-LLC CR2E083 (11/05)

4. FEI Number ~~20-4477509~~ 20-2362701 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORIA, ANTHONY J
1843 COMMODORE POINT DRIVE
ORANGE PARK, FL 32003

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME GORIA, ANTHONY J
STREET ADDRESS 1843 COMMODORE POINT DRIVE
CITY-ST-ZIP ORANGE PARK, FL 32003

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME WHITE, BRENT A
STREET ADDRESS 4449 TUMBLEWEED ROAD
CITY-ST-ZIP MIDDLEBURG, FL 32068

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME WILSON, ROBERT B
STREET ADDRESS 3466 RUSSELL ROAD
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Anthony J Goria, Manager

X 6/12/06

Date

(904) 451-2707

Daytime Phone #

300076434783
06/21/06--01040--029 **50.00