

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 21, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L05000020927  
 1. Entity Name  
 THOMPSON FAMILY HOLDINGS, L.L.C.



Principal Place of Business 535 CENTRAL AVE ST PETERSBURG, FL 33701	Mailing Address 535 CENTRAL AVE ST PETERSBURG, FL 33701
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**DO NOT WRITE IN THIS SPACE**



02132007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2593082	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 RAHDERT, GEORGE K  
 535 CENTRAL AVE  
 ST PETERSBURG, FL 33701

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMPSON, RICHARD 535 CENTRAL AVE ST PETERSBURG, FL 33701
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 03/30/07-80002-006 50.00

**DO NOT WRITE IN THIS SPACE**

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: *[Signature]* 3/14/07 727 823 4191  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #