

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030670

FILED
Apr 29, 2008
Secretary of State

Entity Name: THOMAS & ASSOCIATES PROPERTIES, LLC

Current Principal Place of Business:

10682 GRAND RIVIERE DRIVE
TAMPA, FL 33647

New Principal Place of Business:

12015 WHITMARSH LN
TAMPA, FL 336261737

Current Mailing Address:

10682 GRAND RIVIERE DRIVE
TAMPA, FL 33647

New Mailing Address:

12015 WHITMARSH LN
TAMPA, FL 336261737

FEI Number: 20-2592791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

THOMAS, STANLEY M
12015 WHITMARSH LN
TAMPA, FL 336261737 US

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: STANLEY M THOMAS

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THOMAS, STANLEY M
Address: 10682 GRAND RIVIERE DRIVE
City-St-Zip: TAMPA, FL 33647

Title: T (X) Delete
Name: THOMAS, STANLEY M
Address: 10682 GRAND RIVIERE DRIVE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: THOMAS, STANLEY M
Address: 12015 WHITMARSH LN
City-St-Zip: TAMPA, FL 33626

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

I hereby certify that the information supplied with this filing does not qualify 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: STANLEY M THOMAS

MGR

04/29/2008

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