
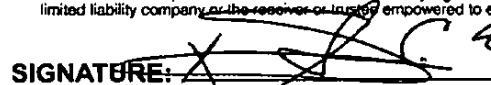


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90349 032 \*\*\*\*50.00

<b>DOCUMENT # L05000038457</b> 1. Entity Name <b>STEPHEN CHARLES THOMAS, LLC</b>																													
Principal Place of Business <b>202 N. HARBOR CITY BLVD., SUITE 300 MELBOURNE, FL 32935</b>			Mailing Address <b>202 N. HARBOR CITY BLVD., SUITE 300 MELBOURNE, FL 32935</b>																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent  <b>THOMAS, STEPHEN C ESQ 202 N. HARBOR CITY BLVD., SUITE 300 MELBOURNE, FL 32935</b>			7. Name and Address of New Registered Agent Name <b>Hayworth Chaney &amp; Thomas PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>802 N Harbor City Blvd #300</b> City <b>Melbourne</b>																										
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.			4. FEI Number <b>25-1916273</b>																										
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			Applied For <input type="checkbox"/> Not Applicable																										
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">MGRM</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>THOMAS, STEPHEN C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>202 N. HARBOR CITY BLVD., SUITE 300</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MELBOURNE, FL 32935</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Delete	NAME	THOMAS, STEPHEN C		STREET ADDRESS	202 N. HARBOR CITY BLVD., SUITE 300		CITY - ST - ZIP	MELBOURNE, FL 32935		10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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 liquidator empowered to execute this report as required by Chapter 608, Florida Statutes.			DATE <b>3/7/06</b>																										
SIGNATURE: 			321 253-3800																										



ATTACHMENT  
30002909

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 15, 2006

STEPHEN CHARLES THOMAS, LLC  
202 N. HARBOR CITY BLVD., SUITE 300  
MELBOURNE, FL 32935

Subject: **STEPHEN CHARLES THOMAS, LLC**

Reference Number: **L05000038457**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

*3-20-06*  
Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cj

ANNUAL REPORTS SECTION