

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042015

FILED
Apr 27, 2006
Secretary of State

Entity Name: THOMSON AND ASSOCIATES, LLC

Current Principal Place of Business:

430 TRIPLE CROWN LANE
JACKSONVILLE, FL 32259

New Principal Place of Business:

8110 CYPRESS PLAZA DR.
SUITE 402
JACKSONVILLE, FL 32256 US

Current Mailing Address:

430 TRIPLE CROWN LANE
JACKSONVILLE, FL 32259

New Mailing Address:

8110 CYPRESS PLAZA DR.
SUITE 402
JACKSONVILLE, FL 32256

FEI Number: 20-2745084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GENERAL BUSINESS SERVICES
12412 SAN JOSE BLVD
SUITE 101
JACKSONVILLE, FL 32223 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: MGR () Delete
Name: THOMSON, EDWARD J
Address: 430 TRIPLE CROWN LANE
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGR () Delete
Name: THOMSON, CATHLEEN A
Address: 430 TRIPLE CROWN LANE
City-St-Zip: JACKSONVILLE, FL 32259

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: CATHLEEN A. THOMSON

MGR

04/27/2006

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