

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042015

FILED
Apr 30, 2007
Secretary of State

Entity Name: THOMSON AND ASSOCIATES, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

8110 CYPRESS PLAZA DR.
SUITE 402
JACKSONVILLE, FL 32256

New Mailing Address:

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 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 04/30/2007

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