2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# L05000047261

Entity Name: TOMSON & ASSOCIATES, LLC

Current Principal Place of Business:

392 SW 159 DRIVE
PEMBROKE PINES, FL 33027

New Principal Place of Business:

15841 PINES BLVD
SUITE 276
PEMBROKE PINES, FL 33027

Current Mailing Address:

392 SW 159 DRIVE
PEMBROKE PINES, FL 33027

New Mailing Address:

15841 PINES BLVD
SUITE 276
PEMBROKE PINES, FL 33027

FEI Number: 20-3002614 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, NORA
392 SW 159 DRIVE
PEMBROKE PINES, FL 33027 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: THOMPSON, NORA
Address: 392 SW 159 DRIVE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGRM ( ) Delete
Name: THOMPSON, MICHEAL S
Address: 392 SW 159 DRIVE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGRM ( ) Delete
Name: THOMPSON, CHRISTINA
Address: 392 SW 159 DRIVE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: THOMPSON, NORA J
Address: 392 SW 159 DRIVE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGRM (X) Change ( ) Addition
Name: THOMPSON, MICHAEL S
Address: 392 SW 159 DRIVE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGRM (X) Change ( ) Addition
Name: THOMPSON, CHRISTINA M
Address: 392 SW 159 DRIVE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGRM ( ) Change (X) Addition
Name: THOMPSON, GARY L
Address: 392 SW 159TH DRIVE
City-St-Zip: PEMBROKE PINES, FL 33027 US

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: NORA J THOMPSON MGR 04/27/2006

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