-2008 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Feb 01, 2008 08:00 AN **Secretary of State DOCUMENT # L05000058236** THOMAS AND COMPANY, LLC Principal Place of Business Mailing Address 310 SOUTH 2D STREET 310 SOUTH 2D STREET FORT PIERCE, FL 34950 FORT PIERCE, FL 34950 01292008 No Chg-LLC CR2E083 (12/07) 4. FEI Number Applied For 20-3058947 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HENDRICKSON, KEVIN 310 SOUTH 2D STREET FORT PIERCE, FL 34950 IN THIS SPACE 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE 18 \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. TITLE MGR HENDRICKSON, KEVIN NAME STREET ADDRESS 8280 HIDDEN PINES ROAD CITY-ST-ZIP FORT PIERCE, FL 34950 TITLE MGRM PUGH-HENDRICKSON, DIANE L NAME 8280 HIDDEN PINES ROAD STREET ADDRESS CITY-ST-ZIP FORT PIERCE, FL 34945 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE

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 acceptate 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Hendricks