

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076483

Entity Name: THOMAS BOLES " L.L.C."

FILED
Jul 26, 2006
Secretary of State

Current Principal Place of Business:

31016 FAIRVIEW AV.
TAVARES, FL 32778 US

New Principal Place of Business:

Current Mailing Address:

31016 FAIRVIEW AV.
TAVARES, FL 32778 US

New Mailing Address:

FEI Number: 76-0797699 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BOLES, THOMAS I
31016 FAIRVIEW AV.
TAVARES, FL 32778 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: () Delete
Name:
Address:
City-St-Zip:

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

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

ADDITIONS/CHANGES:

Title: M () Change (X) Addition
Name: BOLES, THOMAS I
Address: 31016 FAIRVIEW AV.
City-St-Zip: TAVARES, FL 32778 US

Title: M () Change (X) Addition
Name: BOLES, MICHAEL
Address: 31016 FAIRVIEW AV.
City-St-Zip: TAVARES, FL 32778 US

Title: M () Change (X) Addition
Name: GUNTER, JOHN
Address: 31016 FAIRVIEW AV.
City-St-Zip: TAVARES, FL 32778 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: THOMAS I BOLES

M

07/26/2006

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