


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000085624 1. Entity Name SUSAN & WAYNE THOMPSON, LLC	
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Principal Place of Business C/O KEMPER CPA GROUP, LLP 1800 W. HIBISCUS BLVD., SUITE 125 MELBOURNE, FL 32901	Mailing Address C/O KEMPER CPA GROUP, LLP 1800 W. HIBISCUS BLVD., SUITE 125 MELBOURNE, FL 32901
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07062007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3379343	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**NASH, MOULE & KROMASH, LLP
440 SOUTH BABCOCK STREET
MELBOURNE, FL 32901**

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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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, SUSAN E 3970 PKWY DR MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, WAYNE 3970 PKWY DR MELBOURNE, FL 32934
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07/13/07-80004-023 50.00

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 accurate 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: *Susan E. Thompson* **7-11-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #