

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000085624

1. Entity Name
SUSAN & WAYNE THOMPSON, LLC



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**



04252008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000936235
05/27/08-80002-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P THOMPSON, SUSAN E 3970 PKWY DR MELBOURNE, FL 32934
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	P THOMPSON, WAYNE 3970 PKWY DR MELBOURNE, FL 32934
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IN THIS SPACE**

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 Thompson

4-28-08

321-480-5931

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

Date

Daytime Phone #