

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098696

FILED  
May 08, 2007  
Secretary of State

**Entity Name:** THOMPSON AND WILLIAMS MORTGAGE CENTER OF FLORIDA, LLC

**Current Principal Place of Business:**

5326 SAN SEBASTIAN WAY  
I-202  
VIERA, FL 32955 US

**New Principal Place of Business:**

2300 ADDINGTON COURT  
VIERA, FL 32955 US

**Current Mailing Address:**

5326 SAN SEBASTIAN WAY  
I-202  
VIERA, FL 32955 US

**New Mailing Address:**

2300 ADDINGTON COURT  
VIERA, FL 32955 US

FEI Number: 56-2545621      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:**

THOMPSON, LARRY A MGR  
5326 SAN SEBASTIAN WAY  
I-202  
VIERA, FL 32955 US

**Name and Address of New Registered Agent:**

THOMPSON, LARRY A MGR  
2300 ADDINGTON COURT  
VIERA, FL 32955 US

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: LARRY THOMPSON

05/08/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: THOMPSON, LARRY A MGR  
Address: 5326 SAN SEBASTIAN WAY I-202  
City-St-Zip: VIERA, FL 32955 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LARRY THOMPSON

MGR

05/08/2007

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