## **2007 LIMITED LIABILITY COMPANY**

## May 07, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L05000108448 05-07-2007 90621 001 \*\*\*800.00 1. Entity Name THOMPSON JV, LLC Principal Place of Business Mailing Address 3000(10+ 450 NE 32ND STREET 450 NE 32ND STREET MIAMI, FL 33137 MIAMI, FL 33137 01262007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MIAMI CENTER REGISTERED AGENTS, LLC DO NOT WRITE 201 S. BISCAYNE BOULEVARD, SUITE 1700 MIAMI, FL 33131 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 May 1, 2007 MANAGING MEMBERS/MANAGERS 9. TITLE NAME FROSTPROOF DEVELOPERS JV, LLC 450 NE 32ND STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

## DO NOT WRITE IN THIS SPACE

**FILED** 

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
	firmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-7iP

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE