
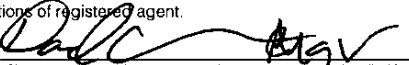



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90023 019 ****50.00

DOCUMENT # L05000122252 1. Entity Name THE THIESEN BUILDING, LLC					
Principal Place of Business 40 SOUTH PALAFOX STREET 5TH FLOOR PENSACOLA, FL 32502			Mailing Address 40 SOUTH PALAFOX STREET 5TH FLOOR PENSACOLA, FL 32502		
2. Principal Place of Business 40 South Palafox Place		3. Mailing Address P.O. Box 940			
Suite, Apt. #, etc. Suite 500		Suite, Apt. #, etc.			
City & State Pensacola FL		City & State Gulf Breeze, FL		4. FEI Number 20-4013035	
Zip 32502		Country US		Zip 32562	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent LIBERIS, CHARLES S ESQ 40 SOUTH PALAFOX STREET 5TH FLOOR PENSACOLA, FL 32502				7. Name and Address of New Registered Agent Name David A. Brannen Street Address (P.O. Box Number is Not Acceptable) 40 S. Palafox Place Suite 500 City Pensacola FL Zip Code 32502	
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  David A. Brannen 3/31/06 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRANNEN, DAVID A 40 SOUTH PALAFOX STREET PENSACOLA, FL 32502 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 940 Gulf Breeze, FL 32562	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  David A Brannen 3/31/06 850-434-7700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					