2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000122252

THE THIESEN BUILDING, LLC



Principal Place of Business

DO NOT WRITE IN THIS SPACE

40 SOUTH PALAFOX STREET

STE 500 PENSACOLA, FL 32502 Mailing Address

POB 940 GULF BREEZE, FL 32562

FILED May 02, 2008 08:00 AN Secretary of State



04142008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number
	20-4013035

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

BRANNEN, DAVID A 40 S PALAFAX PL STE 500 PENSACOLA, FL 32502

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FILE NOW!!! FFF IS \$138.75		U00000943190	
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
SIGNATURE			
 The above named entity submits this statement for the purpose of chan the obligations of registered agent 	ging its registered office of registered agent, or but	, in the State of Horida. I am familiar with, and acc	σpι
	idina its registered attice at registered agent, at noti	i in the State of Florida. I am tamiliar with land acc	ent

After May 1, 2008 Fee will be \$538.75

05/29/08-80050-009 138.75

9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR			
NAME	BRANNEN, DAVID A			
STREET ADDRESS	POB 940			
CITY-SI-ZIP	GULF BREEZE, FL 32562			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
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TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filing does not qualify for the e				

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