

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027346

FILED  
May 07, 2009  
Secretary of State

**Entity Name:** THOMPSON DEVELOPMENT, LLC

**Current Principal Place of Business:**

8411 TERRY LEE WAY  
SEVERN, MD 21144

**New Principal Place of Business:**

**Current Mailing Address:**

8411 TERRY LEE WAY  
SEVERN, MD 21144

**New Mailing Address:**

FEI Number: 27-0139872      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:**

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

JOHNSON, EARL M JR  
11 EAST FORSYTH STREET  
308  
JACKSONVILLE, FL 32202 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: THOMPSON, HUGH B II  
Address: 8411 TERRY LEE WAY  
City-St-Zip: SEVERN, MD 21144

Title: MGR ( ) Delete  
Name: THOMPSON, TAWANA H  
Address: 8411 TERRY LEE WAY  
City-St-Zip: SEVERN, MD 21144

**ADDITIONS/CHANGES:**

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

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: HUGH B. THOMPSON

MGRM

05/07/2009

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