2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 18, 2007 8:00 am Secretary of State

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DOCUMENT # L06000029139 1. Entity Name THOMAS SHUMAN, LLC						90032 015 ****5		
Principal Place	e of Business	Mailing Address].	- -			
6 N. STARR S OAKLAND, FL	iī.	P.O. BOX 961 OAKLAND, FL 34760			4 53 00 5 000 55 00 55 00 5	ASIIN 27020 IAIQI IIADU ISSIN (R		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P. O. BOX 961						
Suite, Apt.		Suite, Apt. #, etc.		04162007	Chg-LLC	CR2E083 (12/06)		
City & State	ind, FL	OAK AND	FL	4. FEI Numb	<u>- 1706387</u>	No	pplied For ot Applicable	
34760	Country U.S.	34760	Country U.S.		of Status Desired	S \$5.00 Add		
	6. Name and Address of Current I	Registered Agent	<u> </u>	7. Name and	Address of New Re	gistered Agent		
SHUMAN, THOMMAS 6 N. STARR ST. OAKLAND, FL. 34760				Name				
			Street Address (P.O. Box Number is Not Acceptable)					
	, , =							
			City			FL Zip Cod		
	named entity submits this statement for ions of registered agent.	the purpose of changing its req	gistered office or registe	ered agent, or bo	oth, in the State of Flori	ida. I am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable (NOTE: Br	egistered Agent signature require			DATE		
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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: 1000 100 MAN 1100 MAN 100 M