

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 27, 2007 8:00 am**  
**Secretary of State**

08-07-2007 90009 009 \*\*\*\*50.00

<b>DOCUMENT # L06000031673</b> 1. Entity Name <b>THOMAS ORIGINALS, LLC</b>			
Principal Place of Business <b>11 MAPLE RUN HAINES CITY FL 33844</b>		Mailing Address <b>11 MAPLE RUN HAINES CITY FL 33844</b>	
2. Principal Place of Business - No P.O. Box <b>11 MAPLE RUN</b>		3. Mailing Address <b>11 MAPLE RUN</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>HAINES CITY FL.</b>		City & State <b>HAINES CITY FL</b>	
Zip <b>33844</b>	County <b>POLK</b>	Zip <b>33844</b>	County <b>POLK</b>
4. FEI Number <b>70-45534 33</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		2nd MOORE CR2E083 (4/07)	
6. Name and Address of Current Registered Agent  <b>RILEY, THOMAS M 11 MAPLE RUN HAINES CITY FL 33844</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE <b>8/1/07</b> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By September 5, 2007</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGR</b> <input type="checkbox"/> Delete NAME <b>RILEY, THOMAS M</b> STREET ADDRESS <b>11 MAPLE RUN</b> CITY-ST-ZIP <b>HAINES CITY FL 33844</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE <b>8/1/07</b> <small>DATE</small>	