

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033096

Entity Name: THOMASVILLE, LLC

FILED
May 26, 2008
Secretary of State

Current Principal Place of Business:

1607 U. S. HIGHWAY 90 EAST
MADISON, FL 32340 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 157
MADISON, FL 32341 US

New Mailing Address:

FEI Number: 20-4677814 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:

WARING, ELIZABETH J
2830 NE COLIN KELLY HWY
MADISON, FL, FL 32340 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: MGR () Delete
Name: JOHNSON, JACOB K JR.
Address: 4773 US HWY 90 WEST
City-St-Zip: MADISON, FL 32340 US

Title: MGR () Delete
Name: SONI, DHIMANT
Address: 115 SW ENCHANTED CT
City-St-Zip: LAKE CITY, FL 32024 US

Title: MGR () Delete
Name: WARING, ELIZABETH J
Address: 2830 NE COLIN KELLY HWY
City-St-Zip: MADISON, FL 32340

ADDITIONS/CHANGES:

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

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: JACOB K. JOHNSON, JR.

MGR

05/26/2008

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