2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034197

Entity Name: THOMPSON SINGLETON LLC

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

15841 PINES BLVD. SUITE 276

PEMBROKE PINES, FL 33027

Current Mailing Address: New Mailing Address:

15841 PINES BLVD. SUITE 276

PEMBROKE PINES, FL 33027

FEI Number: 20-4657600 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

THOMPSON, NORA J
392 SW 159TH DRIVE
THOMPSON, NORA J
15841 PINES BLVD

PEMBROKE PINES, FL 33027 US SUITE 276

PEMBROKE PINES, FL 33027 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: NORA J. THOMPSON 04/26/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition Name: THOMPSON, NORA J Name: THOMPSON, NORA J

 Address:
 392 SW 159TH DRIVE
 Address:
 15841 PINES BLVD STE 276

 City-St-Zip:
 PEMBROKE PINES, FL 33027 US
 City-St-Zip:
 PEMBROKE PINES, FL 33027 US

Title: MGR () Delete Title: () Change () Addition

 Name:
 SINGLETON, MARGARET L
 Name:

 Address:
 6513 ALPINE AUTUMN COURT
 Address:

 City-St-Zip:
 LAS VEGAS, NV 89149 US
 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

 Name:
 SINGLETON, VERDELL
 Name:

 Address:
 6513 ALPINE AUTUMN COURT
 Address:

 City-St-Zip:
 LAS VEGAS, NV 89149 US
 City-St-Zip:

(X) Change () Addition Title: MGRM () Delete Title: MGRM THOMPSON, MICHAEL S Name: Name: THOMPSON, MICHAEL S 15841 PINES BLVD STE 276 Address: 392 SW 159TH DRIVE Address: City-St-Zip: PEMBROKE PINES, FL 33027 US City-St-Zip: PEMBROKE PINES, FL 33027 US

MGRM Title: () Delete Title: MGRM (X) Change () Addition THOMPSON, CHRISTINA M THOMPSON, CHRISTINA M Name: Name: 392 SW 159TH DRIVE 15841 PINES BLVD STE 276 Address: Address: City-St-Zip: PEMBROKE PINES, FL 33027 US City-St-Zip: PEMBROKE PINES, FL 33027 US

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: NORA J. THOMPSON MGR 04/26/2007