


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 13, 2007 8:00 am
Secretary of State

08-13-2007 90046 024 ****50.00

DOCUMENT # L06000046890 1. Entity Name PAMELA M THOMAS ENTERPRISES LLC					
Principal Place of Business 2548 ADDINGTON CIRCLE ROCKLEDGE, FL 32955			Mailing Address 2548 ADDINGTON CIRCLE ROCKLEDGE, FL 32955		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 08092007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent THOMAS, PAMELA M 2548 ADDINGTON CIRCLE ROCKLEDGE, FL 32955				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. <i>MANAGER</i> ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: <i>Pamela M. Thomas</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<i>7/10/07 321-633-6987</i> <small>Date Daytime Phone #</small>		