2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED Apr 25, 2008 08:00 AN Secretary of State **DOCUMENT # L06000102818** THOMPSON 69 LLC Principal Place of Business Mailing Address C/O MARO POLO COLUMBUS AND FERRARI P.O. BOX 22887 LAKE BUENA VISTA FL 32830 9101 S.R. 535 ORLANDO FL 32836 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State Applied For 4. FEI Number 20-5804886 No: Applicable Zip Country Country Zio \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YU, CYNTHIA Street Address (P.O. Box Number is Not Acceptable) C/O MARO POLO COLUMBUS AND FERRARI 9101 S.R. 535 ORLANDO FL 32836 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's gliature required when remetaling) DATE FILE NOW!!! FEE IS \$138.75 U00000923606 After May 1, 2008, Fee Will Be \$538.75 05/16/08-80036-018 718.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9 10 TITLE MGR ☐ Addition Delete ☐ Change NAME YING, NELSON SR NAME STREET ADDRESS P.O. BOX 22887 STREET ADDRESS CITY-ST-ZIP LAKE BUENA VISTA FL 32830 CITY-ST-ZiP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HTLE Change Addition Addition NAiv F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS DITY-SI-7P CITY-ST-Z:P TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITEE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

2/22/08 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING WANAGIN NAGER, OR AUTHORIZED REPRESENTATIVE Davis re Porce #

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CfTY-ST-ZiP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

CITY - ST - ZIP