

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90199 040 \*\*\*\*50.00

<b>DOCUMENT # L06000115933</b>		
1. Entity Name <b>TOM HUGHES &amp; ASSOCIATES, LLC</b>		

Principal Place of Business <b>20072 MARKWARD CROSSING ESTERO, FL 33928</b>	Mailing Address <b>20072 MARKWARD CROSSING ESTERO, FL 33928</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
01182007 Chg-LLC CR2E083 (12/06)	
4. FEI Number <b>479 70 8549</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>


6. Name and Address of Current Registered Agent	
<b>HUGHES, TOM 20072 MARKWARD CROSSING ESTERO, FL 33928</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	DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	


<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUGHES, TOM 20072 MARKWARD CROSSING ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: 	Date: <b>1/28/07</b> 239 949 1801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**COPY**

<b>DOCUMENT # L06000115933</b> 1. Entity Name <b>TOM HUGHES &amp; ASSOCIATES, LLC</b>					
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>HUGHES, TOM 20072 MARKWARD CROSSING ESTERO, FL 33928</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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.					
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<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<div style="text-align: right;"> <b>1/28/07 239 949 1801</b>  <small>Date Daytime Phone #</small> </div>		

**ATTACHMENT**  
**600/3135**