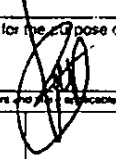
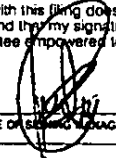


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

57.

FILED
Jun 16, 2008 8:00 am
Secretary of State

05-02-2008 90019 042 ***138.75

DOCUMENT # L07000010880																																																					
1. Entity Name THOMAS LLC																																																					
Principal Place of Business 4130 INVERRARY DR LAUDERHILL, FL 33319		Mailing Address 4130 INVERRARY DR LAUDERHILL, FL 33319																																																			
2. Principal Place of Business - No P.O. Box # 4130		3. Mailing Address Inverrary Dr																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																			
City & State Lauderhill FL		City & State Lauderhill FL																																																			
Zip 33319		Country USA																																																			
4. FEI Number 20-8003703		Applied For Not Applicable																																																			
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required																																																			
6. Name and Address of Current Registered Agent THOMAS, JULIAN R 4130 INVERRARY DR LAUDERHILL, FL 33319		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) A/A 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:  DATE: 4/29/08 (NOTE: Registered Agent signature required when (re)submitting)																																																					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$639.75		Make check payable to: Florida Department of State																																																			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES																																																			
<table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> <td>☐ Delete</td> </tr> <tr> <td></td> <td>Julian Thomas</td> <td>4130 Inverrary Dr</td> <td>Lauderhill FL 33319</td> <td>☐ member</td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete		Julian Thomas	4130 Inverrary Dr	Lauderhill FL 33319	☐ member	<table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ 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: 4/29/08																																																			
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #																																																			

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