


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L93000000274 1. Entity Name THOMAS INVESTMENTS, L.C.	
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Principal Place of Business 9905 CLINT MOORE RD. BOCA RATON, FL 33496	Mailing Address 9905 CLINT MOORE RD. BOCA RATON, FL 33496
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DO NOT WRITE IN THIS SPACE



03142005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0431454	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HCRM CORP.
 2200 CORPORATE BLVD. N.W.
 SUITE 401
 BOCA RATON, FL 33431

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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 use if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMAS, JOHN J JR. 9905 CLINT MOORE RD. BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMAS, STEPHEN M 9905 CLINT MOORE RD. BOCA RATON, FL 33496
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 4-9-05 Daytime Phone #: 904-482-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE