File on or before May 1, 1998 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 MAR 30 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE $ 188.75 | **Annual Report $100.00 + $88.75 Corporation Supplemental Fee** | **Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company — **DOCUMENT #** L97000000091

THOMPSON CONSULTING ENTERPRISES, LLC
~~805 RUE DE VILLE~~
~~NAPLES FL 34108~~

1a. Principal Place of Business Address
~~805 RUE DE VILLE~~
~~NAPLES FL 34108~~

9/4/1998

2. Principal Place of Business	2a. Mailing Address
5561 So. US Hwy 1	5561 So. US Hwy 1
Suite, Apt. #, etc.	Suite, Apt. #, etc.
ROCKLEDGE FL	ROCKLEDGE, FL
Zip 32955 Country	Zip 32955 Country

3. Date Organized or Qualified	3a. State of Formation
01/21/1997	FL

4. FEI Number 65 07[illegible]7 ☐ Applied For ☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name ANTHONY B. THOMPSON Street Address (P.O. Box Number is Not Acceptable) 5561 S. US HWY 1 Suite, Apt. #, etc. City ROCKLEDGE FL Zip Code 32955

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE Anthony B Thompson (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE ~~MAR~~ 2, 1998

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	THOMPSON, ANTHONY	~~305 RUE DE VILLE~~ 5561 So. US HWY 1	~~NAPLES FL~~ ROCKLEDGE, FL.

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****188.75 ****188.75

11. I do 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 annual 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; and that my name appears in Block 10. or on an attachment with an address.

SIGNATURE: Anthony B Thompson 3/16/98 (407)636 4223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE10 R (12-97)