## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L9700000849

THELEN ENTERPRISES, L.C.



FILED Jul 24, 2006 08:00 AN Secretary of State

Principal Place of Business

5393 GULF OF MEXICO DRIVE

UNIT 112-B LONGBOAT KEY, FL 34228 Mailing Address

5393 GULF OF MEXICO DRIVE UNIT 112-B LONGBOAT KEY, FL 34228



04052006 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number		Applied For
	65-0829804		Not Applicable
5.	Certificate of Status Desired	\$5.00 Fee Re	Additional equired

6. Name and Address of Current Registered Agent

THELEN, GEORGE J 5393 GULF OF MEXICO DRIVE UNIT 112-B LONGBOAT KEY, FL 34228

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<ol><li>The above named entity submits this statement for the purpose of che the obligations of registered agent.</li></ol>	anging its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept
CIONATURE		•
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50 00		U00000572174

Filing Fee is \$50.00 Due by May 1, 2006 U00000572174 07/25/06-80019-011 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THELEN, GEORGE J 5393 GULF OF MEXICO DR., UNIT 112-B LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A

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11. I hereby certify that the information supplied with his fitting 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 eport as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

1/14/06 941-383-4