


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L97000000910 1. Entity Name THOMASON LEISURE ENTERPRISES, L.C.	
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Principal Place of Business 6204 HAMMOCK DR. BRADENTON, FL 34202	Mailing Address 6204 HAMMOCK DR. BRADENTON, FL 34202
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DO NOT WRITE IN THIS SPACE



03102004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0780761	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent THOMASON, MARK 6204 98TH STREET EAST BRADENTON, FL 34202

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2004**

U00000083383
03/16/04-80012-008 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOMASON, MARK 6204 HAMMOCK DR. BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOMASON, ELIZABETH L 6204 HAMMOCK DR. BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Elizabeth L. Thomason 3-11-04 944-752-3322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #