

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L97000001209

1. Entity Name
1330 THOMASVILLE RD., L.C.



Principal Place of Business
1330 THOMASVILLE ROAD
TALLAHASSEE, FL 32303

Mailing Address
1330 THOMASVILLE ROAD
TALLAHASSEE, FL 32303



08042004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3493463

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, THOMAS R
1330 THOMASVILLE ROAD
TALLAHASSEE, FL 32303

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$50.00
Due by September 8, 2004

U00000163905
08/12/04-80003-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
THOMPSON, THOMAS
1330 THOMASVILLE ROAD
TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
CRAWFORD, WILLIAM
1330 THOMASVILLE ROAD
TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
DOBBINS, DANIEL W
1330 THOMASVILLE ROAD
TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
SMILEY, SCOTT
1330 THOMASVILLE RD
TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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)(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:

Tom Thompson

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

Date

Daytime Phone #