

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000001209

FILED  
Mar 02, 2009  
Secretary of State

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

## Current Principal Place of Business:

1330 THOMASVILLE ROAD  
TALLAHASSEE, FL 32303

## New Principal Place of Business:

## Current Mailing Address:

1330 THOMASVILLE ROAD  
TALLAHASSEE, FL 32303

## New Mailing Address:

FEI Number: 59-3493463

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THOMPSON, THOMAS R  
1330 THOMASVILLE ROAD  
TALLAHASSEE, FL 32303 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: THOMPSON, THOMAS  
Address: 1330 THOMASVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGR ( ) Delete  
Name: CRAWFORD, WILLIAM  
Address: 1330 THOMASVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGR ( ) Delete  
Name: DOBBINS, DANIEL W  
Address: 1330 THOMASVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGR ( ) Delete  
Name: SMILEY, SCOTT  
Address: 1330 THOMASVILLE RD  
City-St-Zip: TALLAHASSEE, FL 32303

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS R. THOMPSON

MGR

03/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date