

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90063 027 ****50.00

DOCUMENT # L99000000375

1. Entity Name
THOMAS FUNDS, L.C.

Principal Place of Business 124 SHELL AVENUE SE FT WALTON BEACH FL 32548	Mailing Address P.O. BOX 4246 FORT WALTON BEACH FL 32549
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2. Principal Place of Business 425 E. Hollywood Blvd. Suite, Apt. #, etc. Suite D	3. Mailing Address Suite, Apt. #, etc.
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City & State Mary Esther, FL	City & State	4. FEI Number 59-3733302	Applied For Not Applicable
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Zip 32569	Country USA	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRENTICE M. THOMAS
124 SHELL AVENUE SE
FT WALTON BEACH FL 32548

Name
Street Address (P.O. Box Number is Not Acceptable) 425 E. Hollywood Blvd., Suite D
City Mary Esther
State FL
Zip Code 32569

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.

SIGNATURE Prentice M. Thomas, Jr.
Signature, typed or printed name of registered agent and title if applicable.

Prentice M. Thomas, Jr.

3/21/02
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMAS, PRENTICE M JR P.O. BOX 4246 N/A FORT WALTON BEACH FL 32549	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Prentice M. Thomas, Jr. **850-243-5992**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)