

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 23, 2005 08:00 AM
Secretary of State




DOCUMENT # L99000000375
1. Entity Name
THOMAS FUNDS, L.C.

Principal Place of Business Mailing Address
**425 E. HOLLYWOOD BLVD.
STE D
MARY ESTHER FL 32569** **P.O. BOX 4246
FORT WALTON BEACH FL 32549**

2. Principal Place of Business 3. Mailing Address
Suite, Apt #, etc. Suite, Apt #, etc.
City & State City & State

Zip Country Zip Country


1st MOORE CR2E083 (10/04)
4. FEI Number Applied For
59-3733302 Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**PRENTICE M. THOMAS
425 E. HOLLYWOOD BLVD STE D
MARY ESTHER FL 32569**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

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

10. ADDITIONS/CHANGES		
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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04/23/05-80048-020 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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. Date: 4/19/05 Daytime Phone: 850-974-1714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE