


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90421 008 ***150.00

DOCUMENT # L99000001119

1. Entity Name
Thompson Station Enterprises, LLC



DO NOT WRITE IN THIS SPACE

24045871

2. Principal Place of Business
201 South Biscayne Blvd

3. Mailing Address
201 South Biscayne Blvd.

Suite, Apt. #, etc.
30th Floor

Suite, Apt. #, etc.
30th Floor

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number 65-0897927

Applied For
 Not Applicable

Zip 33131 Country

Zip 33131 Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name B & C Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
201 South Biscayne Blvd., 30th Floor

City Miami FL Zip Code 33131

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

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Heron, Leon C. Jr. P. O. Box 241 Thompson Station TN 37179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Heron, Cynthia Lee P. O. Box 241 Thompson Station TN 37179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/02)

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: Leon C. Heron, Jr. ; Leon C. Heron, Jr. 4/7/04 615-595-5877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #