

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000001693**

**1. Entity Name**  
**FIVE OF SEVEN, LLC**



**Principal Place of Business** — **Mailing Address**  
**460 N MAIN STREET** **460 N MAIN STREET**  
**WALLINGFORD CT 06492** **WALLINGFORD CT 06492**

**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** **59-3565160** **Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**THURSTON, WILLIAM D SR**  
**9957 ORTEGA LANE, SPANISH WELLS**  
**BONITA SPRINGS FL 34135**

**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**

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

(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**

<b>TITLE</b>	<b>MGRM</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>THURSTON, WILLIAM D JR</b>
<b>STREET ADDRESS</b>	<b>28 ALISON AVENUE</b>
<b>CITY- ST- ZIP</b>	<b>WALLINGFORD CT 06492</b>
<b>TITLE</b>	<b>MGRM</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>KLAUDINYI, COLLEEN F</b>
<b>STREET ADDRESS</b>	<b>6710 SOUTHPORT DRIVE</b>
<b>CITY- ST- ZIP</b>	<b>DALLAS TX 75248</b>
<b>TITLE</b>	<b>MGRM</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>THURSTON, THOMAS S</b>
<b>STREET ADDRESS</b>	<b>460 NORTH MAIN STREET</b>
<b>CITY- ST- ZIP</b>	<b>WALLINGFORD CT 06492</b>
<b>TITLE</b>	<b>MGRM</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>THURSTON, DIANE M</b>
<b>STREET ADDRESS</b>	<b>8600 SW 92ND STREET, #203</b>
<b>CITY- ST- ZIP</b>	<b>MIAMI FL 33156</b>
<b>TITLE</b>	<b>MGRM</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>THURSTON, MICHAEL J</b>
<b>STREET ADDRESS</b>	<b>21 KAZERSKY DRIVE</b>
<b>CITY- ST- ZIP</b>	<b>WALLINGFORD CT 06492</b>
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	

**10. ADDITIONS/CHANGES**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>11000000277866</b>
<b>STREET ADDRESS</b>	<b>03/26/05-80038-009 50.00</b>
<b>CITY- ST- ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Thomas Thurston*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE**

**3/23/05** **203-265-1525**  
**Date** **Daytime Phone #** **X136**