

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007830

Entity Name: THOMAS & CARR, LLC

FILED
Mar 21, 2006
Secretary of State

Current Principal Place of Business:

2202 N. WESTSHORE BLVD, SUITE 200
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

PO BOX 23923
TAMPA, FL 336233923

New Mailing Address:

FEI Number: 59-3609172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, FLORAN
3613 CYPRESS MEADOWS RD
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

THOMAS, FLORAN
2202 N WESTSHORE BLVD
SUITE 200
TAMPA, FL 33607 US

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:

03/21/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THOMAS, FLORAN
Address: 2202 N. WESTSHORE BLVD., SUITE 200
City-St-Zip: TAMPA, FL 33607

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MBR () Change (X) Addition
Name: COVINGTON, SABRINA
Address: 400 PALM SPRINGS DRIVE SUITE 100
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MBR () Change (X) Addition
Name: HARVEY, RODERICK
Address: 3816 HOLLYWOOD BLVD SUITE 203
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the 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: FLORAN THOMAS

MGR

03/21/2006

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