

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2001 08:00 AM
Secretary of State

DOCUMENT # M00000002688

1. Entity Name
 THOMAS & MILLER, LLC

Principal Place of Business 5210 MARYLAND WAY, STE 200 BRENTWOOD TN 37027	Mailing Address 5210 MARYLAND WAY, STE 200 BRENTWOOD TN 37027
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2. Principal Place of Business 5210 MARYLAND WAY Suite, Apt. #, etc. SUITE 200 City & State BRENTWOOD TN	3. Mailing Address 5210 MARYLAND WAY Suite, Apt. #, etc. SUITE 200 City & State BRENTWOOD TN
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DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1196765	Applied For <input type="checkbox"/> Not Applicable
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Zip 37027	Country TN	Zip 37027	Country TN
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 526 EAST PARK AVE

 TALLAHASSEE FL 32301 US

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.

SIGNATURE _____ DATE **04/13/2001**

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 Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLINARD TOM 5210 MARYLAND WAY, STE 200 BRENTWOOD TN	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER DON 5210 MARYLAND WAY, STE 200 BRENTWOOD TN	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMAS AL 5210 MARYLAND WAY, STE 200 BRENTWOOD TN	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: TOM CLINARD MGR 04/13/2001

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

CR2E083 (1/00)