

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000001845 1. Entity Name THOMAS, MILLER & PARTNERS, LLC	
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Principal Place of Business 5210 MARYLAND WAY SUITE 200 BRENTWOOD, TN 37027	Mailing Address 5210 MARYLAND WAY SUITE 200 BRENTWOOD, TN 37027
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01052004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1014185	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NRAI SERVICES INC 526 E PARK AVE TALLAHASSEE, FL 32301
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DO NOT WRITE IN THIS SPACE

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.

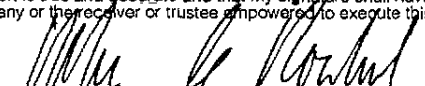
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOMAS, AL 5210 MARYLAND WAY SUITE 200 BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MILLER, DON 5210 MARYLAND WAY SUITE 200 BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HART, LARRY 5210 MARYLAND WAY SUITE 200 BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROWLAND, MARC 5210 MARYLAND WAY SUITE 200 BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000035432 02/06/04-80018-002 50.00 DO NOT WRITE IN THIS SPACE

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:  **Marc S. Rowland** **2/3/2004** **615-377-9773**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #