2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001845

Address:

City-St-Zip:

5210 MARYLAND WAY SUITE 200

BRENTWOOD, TN 37027

Entity Name: THOMAS, MILLER & PARTNERS, PLLC

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	YLAND WAY				
SUITE 200 BRENTWO) OOD, TN 3702	7			
			New Mailing Address		
Current W	lailing Addres	S:	New Mailing Addres	SS:	
SUITE 200	YLAND WAY) OOD, TN 3702	7			
FEI Number	: 62-1014185	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
2731 EXEC SUITE 4	VICES, INC. CUTIVE PARK , FL 33331 US				
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	THOMAS, AL	Delete D WAY SUITE 200 TN 37027	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MILLER, DON	Delete D WAY SUITE 200 TN 37027	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HART, LARRY	Delete D WAY SUITE 200 TN 37027	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ROWLAND, MA	D WAY SUITE 200	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MGRM () STREET, JOHN	Delete A JR	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: MARC S. ROWLAND MGRM 03/20/2009