

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2007 08:00 AM
Secretary of State

DOCUMENT # M04000003435

1. Entity Name
THOMAS DRIVE LLC



Principal Place of Business
**2330 MONTGOMERY HIGHWAY
DOTHAN, AL 36303**

Mailing Address
**2330 MONTGOMERY HIGHWAY
DOTHAN, AL 36303**



01312007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1503509	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	APPLEFIELD, BRYAN M
STREET ADDRESS	2330 MONTGOMERY HIGHWAY
CITY-ST-ZIP	DOTHAN, AL 36303

TITLE	MGR
NAME	APPLEFIELD, HELEN E
STREET ADDRESS	2330 MONTGOMERY HIGHWAY
CITY-ST-ZIP	DOTHAN, AL 36303

TITLE	MGR
NAME	APPLEFIELD, B. SCOTT
STREET ADDRESS	2330 MONTGOMERY HIGHWAY
CITY-ST-ZIP	DOTHAN, AL 36303

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/29/07-80021-019 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-2-07

331-793-0997