


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90213 050 ****50.00

DOCUMENT # M06000002554 1. Entity Name THOMSON FINANCIAL LLC	
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Principal Place of Business 195 BROADWAY NEW YORK, NY 10017	Mailing Address 195 BROADWAY NEW YORK, NY 10017
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DO NOT WRITE IN THIS SPACE

02222007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-4530702	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIEDLAND, EDWARD A ONE STATION PLACE STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STANLEY, DEIDRE ONE STATION PLACE STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TURNER, DAVID H.W. ONE STATION PLACE STAMFORD, CT 06902
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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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: *Bruce Mac Corkindale*
 Bruce Mac Corkindale, CPA, P.C.
 3960 Merrick Road
 Seaford, NY 11783

Date: *2/23/07* Daytime Phone #: *516-783-1794*

ATTACHMENT

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LIMITED POWER OF ATTORNEY

Thomson Financial Inc. ("Company"), with offices located at 22 Thomson Place, Boston, Massachusetts 02210, hereby appoints Bruce Mac Corkindale of 3960 Merrick Road, Seaford, New York 11783, as attorney-in-fact ("Agent") to exercise the powers and discretions described below.

Our agent shall have the authority to act on our behalf, but only to the extent permitted by this limited Power of Attorney, for the following tax matters:

Personal property tax, commercial rent tax, state annual reports, business license applications and renewals, sales tax license applications and renewals, franchise tax, and occupation tax

Our Agent's powers shall consist solely of the power to:

1. Prepare and sign documentation specific to the tax matters listed above.
2. Receive copies of confidential information or documents from any government or its agencies specific to the tax matters listed above. Originals shall be provided to the Company.
3. Represent the Company in the tax matters listed above, including the authority to negotiate, compromise, or settle any matter with such government or agency, with prior approval from the Company. Agreement to audits of any tax matters listed above must have prior approval from the Company.
4. Provide information, correspond with, and perform other acts reasonably related to the tax returns and reports specific to the tax matters listed above.

The authority does not include the power to substitute another representative or the power to receive refund checks on behalf of the Company.

Any power or authority granted to the Agent under this document shall be limited to the extent necessary to prevent this Power of Attorney from causing, (i) the income of Thomson Financial Inc. to be taxable to the Agent, (ii) the assets of Thomson Financial to be subject to a general power of appointment by the Agent.

The Agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, the Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney.

ATTACHMENT

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The Agent shall be entitled to compensation for services provided as the Agent. The amount of compensation shall be provided for in a document separate from this power of attorney.

This Power of Attorney revokes all earlier powers of attorney on file with any government or its agencies for the same tax matters. This Power of Attorney shall become effective immediately and may be revoked at any time by providing written notice to the Agent.

Dated December 23, 2003, at Boston, Massachusetts.

THOMSON FINANCIAL INC.

By: [Signature]
Name: Lee Bale
Title: Vice President, Business Shared Services

Witness Signature: [Signature]
Name: EILEEN S. McNEILL
City: BOSTON
State: MASSACHUSETTS

Witness Signature: [Signature]
Name: NANCY E. DANIELS
City: BOSTON
State: MASSACHUSETTS

ATTACHMENT

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STATE OF MASSACHUSETTS, COUNTY OF Suffolk, ss:

The foregoing instrument was acknowledged before me this 23 day of December, 2003 by Lee Bale, who is personally known to me or who has produced _____ as identification.

Catherine M. Powell

Signature of person taking acknowledgment

EXP 3/15/07

Name typed, printed, or stamped

