

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003855

FILED  
Jan 22, 2008  
Secretary of State

Entity Name: THOMPSON FLANAGAN AND COMPANY, LLC

**Current Principal Place of Business:**

150 N WACKER DRIVE  
1900  
CHICAGO, IL 60606

**New Principal Place of Business:**

**Current Mailing Address:**

150 N WACKER DRIVE  
1900  
CHICAGO, IL 60606

**New Mailing Address:**

FEI Number: 20-1190311      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HATCH, JOHN D ESQ  
1267 BERKSHIRE LANE STE 200  
TARPON SPRINGS, FL 34688 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FLAWAGAN, LARKEN S  
Address: 150 N WACKER DR STE 1900  
City-St-Zip: CHICAGO, IL 60606

Title: MGRM ( ) Delete  
Name: THOMPSON, DOUGLAS T  
Address: 150 N. WACKER DR STE 1900  
City-St-Zip: CHICAGO, IL 60606

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FLANAGAN, LARKIN S  
Address: 150 N WACKER DR STE 1900  
City-St-Zip: CHICAGO, IL 60606

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: LARKIN FLANAGAN

MGRM

01/22/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date