2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000777

Name:

Address:

City-St-Zip:

SILVER, MAX

ATLANTA, GA 30327

1491 WESLEY PKWY., N.W.

Entity Name: E. L. THOMPSON ASSOCIATES, LLC

FILED May 10, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 600 VIRGINIA AVENUE, N.E. ATLANTA, GA 30306 **Current Mailing Address: New Mailing Address:** 600 VIRGINIA AVENUE, N.E. ATLANTA, GA 30306 FEI Number: 58-2396029 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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/MEMBERS:** ADDITIONS/CHANGES: MGR () Delete (X) Change () Addition HARRISON, VICKIE S Name: SILVER, MAX Name: 305 BROADMOOR WAY Address: 1491 WESLEY PKWY., N.W. Address: City-St-Zip: MCDONOUGH, GA 30253 City-St-Zip: ATLANTA, GA 30327 Title: MGR () Delete Title: () Change () Addition Name: MITCHELL, M. GEORGE Name: Address: 11 HARRIS GLEN, N.W. Address: City-St-Zip: ATLANTA, GA 30327 City-St-Zip: Title: MGR () Delete Title: () Change () Addition PARKER, CONRAD F Name: Name: Address: 2104 CHELS WAY Address: City-St-Zip: OLD HICKORY, TN 37138 City-St-Zip: Title: MGR (X) Delete Title: () Change () Addition

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

Name:

Address:

City-St-Zip:

SIGNATURE: MAX SILVER MGR 05/10/2004