

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011145

FILED
Feb 08, 2005
Secretary of State

Entity Name: THAC, LIMITED LIABILITY COMPANY

Current Principal Place of Business:

2963 GULF-TO-BAY BLVD., SUITE 265
CLEARWATER, FL 33759

New Principal Place of Business:

Current Mailing Address:

2963 GULF-TO-BAY BLVD., SUITE 265
CLEARWATER, FL 33759

New Mailing Address:

FEI Number: 61-1405877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARLAN, BRUCE M ESQ.
2963 GULF TO BAY BOULEVARD
SUITE 265
CLEARWATER, FL 33759 US

Name and Address of New Registered Agent:

CAVONIS, PAUL R
8640 SEMINOLE BOULEVARD
SEMINOLE, FL 33772 US

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: PAUL R. CAVONIS

02/08/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HALL, MICHAEL B
Address: 2963 GULF-TO-BAY BLVD., SUITE 265
City-St-Zip: CLEARWATER, FL 33759

Title: MGRM () Delete
Name: TURINO, JEFFREY G
Address: 2963 GULF-TO-BAY BLVD., SUITE 265
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES:

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

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

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.

SIGNATURE: M. BRUCE HALL

MGRM

02/08/2005

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