

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000000915

1. Entity Name
THORPE HOLDINGS, LLC



Principal Place of Business
365 TAFT VINELAND ROAD
SUITE 105
ORLANDO, FL 32824

Mailing Address
365 TAFT VINELAND ROAD
SUITE 105
ORLANDO, FL 32824



01142004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3634478

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

A.G.C. CO.
200 SOUTH ORANGE AVE., SUITE 2300
ORLANDO, FL 32801

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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, 2004**

000000099837
03/31/04-80022-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
RUSSELL, JOHN H
2645 CHEROKEE RD
ST. CLOUD, FL 34772

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
MADISON, PETER D
2117 HOFFNER AVE.
ORLANDO, FL 32824

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
CHALIFOUX, DEBBIE R
3325 S. INDIANA AVE
ST. CLOUD, FL 34769

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Debbie R. Chalifoux Mgr 3/24/04

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

Date

Daytime Phone #

407-908-5732