

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90284 004 ****50.00

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



03152005 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3634478	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required.
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6. Name and Address of Current Registered Agent A.G.C. CO. 200 SOUTH ORANGE AVE., SUITE 2300 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUSSELL, JOHN H 2645 CHEROKEE RD ST. CLOUD, FL 34772 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MADISON, PETER D 2117 HOFFNER AVE. ORLANDO, FL 32824 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Madison, Peter D. 4908 Oak Island Rd. Orlando, FL 32809 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHALIFOUX, DEBBIE R 3325 S. INDIANA AVE ST. CLOUD, FL 34769 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 **3/18/05** **407-908-5732**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #