2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 26, 2006 8:00 am Secretary of State

DOCUMENT # L0000000915 1. Entity Name THORPE HOLDINGS, LLC						05-26-2006	90127 010 ****	50.00	
	ce of Business	Mailing Address							
365 TAFT VINELAND ROAD SUITE 105		365 TAFT VINELAND ROAD SUITE 105							
ORLANDO, FL 32824		ORLANDO, FL 32824			1453(19)	471 POTIL BOUL BOUL BOUL 60	PH	611 46 1 H1 1891	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0418200	6 Chg-LLC	CR2E083 (11/05	5)		
City & State		City & State		4. FEI Nun 59-36	nber 34478		Applied For Not Applicable		
Zip Country		Zip Country			ite of Status Desired	□ \$5.00 A	dditional		
	6. Name and Address of Current	Registered Agent	[1	7. Name a	nd Address of New F			
10000				Name			<u> </u>		
A.G.C. CC 200 SOUT ORLANDO). 'H ORANGE AVE., SUITE 230), FL 32801	Stree		Street Add	dress (P.O. Box Nun	ess (P.O. Box Number is Not Acceptable)			
	·			City			FL Zip Co		
8. The above the obligat	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registere	ed office or re	egistered agent, or	ooth, in the State of Fl	orida. I am familiar wit	h, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registere	d Agent signature	e required when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006					Make check payable to Florida Department of State				
Fi D	iling Fee is \$50.00 ue by May 1, 2006								
9.	ue by May 1, 2006 MANAGING MEMBE	ERS/MANAGERS	10.				a Department of St		
9. TITLE	MANAGING MEMBE	ERS/MANAGERS	TITLE	- 1		Florid	a Department of St	ate	
9.	ue by May 1, 2006 MANAGING MEMBE		T‡TLE NAM	- 1		Florid	/CHANGES	ate	
9. TITLE NAME	MANAGING MEMBE MGRM RUSSELL, JOHN H		T‡TLE NAM STRE	E		Florid	/CHANGES	ate	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGRM RUSSELL, JOHN H 2645 CHEROKEE RD ST. CLOUD, FL 34772 MGRM		TITLE NAM STRE CITY	EET ADORESS - ST-ZIP		Florid	/CHANGES	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGRM RUSSELL, JOHN H 2645 CHEROKEE RD ST. CLOUD, FL 34772 MGRM MADISON, PETER D	□ Delete	TITLE NAM STRE CITY TITLE	E SET ADORESS - ST-ZIP E		Florid	a Department of Sta	Addition	
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11. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, 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: LILLIA CLASSING MANAGING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone #