2007 LIMITED LIABILITY COMPANY

Apr 13, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L00000002503** 1. Entity Name 04-13-2007 90034 003 ****50.00 TBH PROPERTIES, LLC Principal Place of Business Mailing Address 12889 EMERALD COAST PARKWAY, SUITE 111-A 12889 EMERALD COAST PARKWAY, SUITE 111-A DESTIN, FL 32550 DESTIN, FL 32550 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6910 E CR 30.A LEGIOE CR Suite, Apt. #, etc. Suite, Apt. #, etc. 01102007 Chg-LLC CR2E083 (12/06) City & State . City & State 4. FEI Number Applied For nce F Promunu romun 59-3631101 Not Applicable Country Zip Country \$5.00 Additional 324 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Thomas HENRY, THOMAS B JR. 12889 EMERALD COAST PARKWAY, SUITE 111-A O. Box Number is Not Acceptable) DESTIN, FL 32550 omunence 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 arm familiar with, and accept the obligations of registered agent. SIGNATURE Agenture, typed or printed name of registered agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR Delete TITLE Mar Change ☐ Addition Harry Thomas BJr. NAME HENRY, THOMAS B JR. NAME 12889 EMERALD COAST PARKWAY, SUITE 111-A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-ZIP Prominence FL ILITE Delete TILLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CCTY-ST-ZB TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify 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

. OR AUTHORIZED REPRESENTATIVE

FILED