### 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

### **DOCUMENT # L01000000913**

1. Entity Name
THRILL HILL REAL ESTATE, LLC

Principal Place of Business

535 CENTRAL AVE. ST. PETERSBURG, FL 33701 Mailing Address

535 CENTRAL AVE.

ST. PETERSBURG, FL 33701

## FILED Jan 28, 2005 8:00 am Secretary of State

01-28-2005 90071 022 \*\*\*\*50.00



01072005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3695742

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6.	Name and	Address of	Current	Registered	Agent

RAHDERT, GEORGE K 535 CENTRAL AVE. ST. PETERSBURG, FL 33701

# DO NOT WRITE 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.	
SI	GNATURE	

Sign

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, 2005

<b>J.</b>	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS	MGR RAHDERT, GEORGE K 535 CENTRAL AVE.			
CITY-ST-ZIP	ST. PETERSBURG, FL 33701			
NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filling does not qualify for the eye				

## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 of the receiver or trystee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

127/823-4191

Daytime Phone #