2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

DOCUMENT # L0100000914

1. Entity Nama

Principal Place of Business

ST. PETERSBURG, FL 33701

535 CENTRAL AVE.

THRILL HILL HIGH AND DRY, LLC



Mailing Address

535 CENTRAL AVE. ST. PETERSBURG, FL 33701

FILED Mar 17, 2006 08:00 AM Secretary of State



01062006 No Chg-LLC

CR2E083 (11/05)

Daytima Phone 4

4. FEI Number 59-3695677

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

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8. The above	e named entity submits this statement for the purpose of chan	rring its registered office or registered expert, or b	his in the State of Electric Lam familiar with and acceptant
the obliga	flons of registered agent.	auf ne registered omte er teatistere egant er er	ж. «Спе экие остопов. Таптылыы мып, ало ассерт
SIGNATURE Signature. typed or printed name of registered agent and title it applicable. INOTE. Registered Agent signature required when refusialing DATE			
	வழங்களு , typed at printed sidning directions and the napositions.	(NOTE: Registered Agent signature required when refnstating)	DATE
F	iling Fee is \$50.00 tue by May 1, 2006		
8.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET AUTORESS CITY-ST-ZIP	MGR RAHDERT, GEORGE K 535 CENTRAL AVE. ST. PETERSBURG, FL 33701		000000472142
TITLE NAME STREET ADDRESS CITY-ST-ZIP			03/29/06-80025-998-50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN.	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS GITY-ST-ZIP			
11. I hereby certify that the information supplied with his 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 certify that I am a managing member or manager of the limited liability company of the receiver or trustee employed to execute this record as required by Chapter 508, Florida Statutes.			