

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000011306

**FILED**  
**Apr 24, 2004**  
**Secretary of State**

**Entity Name:** THC COOPERATIVE SERVICES, LLC

**Current Principal Place of Business:**

2158 WINTERMERE PT DR  
WINTER GARDEN, FL 34787 US

**New Principal Place of Business:**

118 WEST ORANGE STREET, SUITE 100  
ALTAMONTE SPRINGS, FL 32714 US

**Current Mailing Address:**

2158 WINTERMERE PT DR  
SUITE 320  
WINTER GARDEN, FL 34787 US

**New Mailing Address:**

2718 WINDSOR CT NW  
KENNESAW, GA 30144 US

**FEI Number:** 59-3616808

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOLDBERG, RUSSELL  
118 WEST ORANGE STREET, SUITE 100  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: THC DEVELOPERS INTER, NATIONAL, LLC.  
Address: 2158 WINTERMERE POINTE DRIVE  
City-St-Zip: WINTER GARDEN, FL 34787

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: THC DEVELOPERS INTER, NATIONAL, LLC.  
Address: 2718 WINDSOR CT NW  
City-St-Zip: KENNESAW, GA 30144

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BARRY J. GAZZARD

MGR

04/24/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date