FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 91029 001 ***150.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L01000011306

1. Entity Name
THC COOPERATIVE SERVICES, LLC

Principal Place of Business	Mailing Address
4901 VINELAND ROAD SUITE 320 ORLANDO, FL 32811 US	4901 VINELAND ROAD SUITE 320 ORLANDO, FL 32811 US
2. Principal Place of Business: 2158 Wintermere Pt. Dr.	3. Mailing Address: 2158 Wintermere Pt.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Garden	City & State: Winter Garden
Zip: FL 34787 Country: USA	Zip: FL 34787 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3616808 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THC DEVELOPERS INTERNATIONAL, LLC 4901 VINELAND ROAD SUITE 320 ORLANDO, FL 32811	Name Street Address (P.O. Box Number is Not Acceptable) 2158 Wintermere Pointe Drive City Winter Garden FL Zip Code 34787

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.

SIGNATURE [signature] BARRY J. GAZZARD APL. 16, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THC DEVELOPERS INTERNATIONAL, LLC. 4901 VINELAND ROAD, SUITE 320 ORLANDO, FL 32811 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THC Developers International, LLC 2158 Wintermere Pointe Dr. Winter Garden FL 34787. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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

SIGNATURE: [signature] APL. 16, 2003 407-905-4637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

BARRY J. GAZZARD