

FILED
Jun 20, 2003 8:00 am
Secretary of State

05-16-2003 90067 010 ****50.00

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2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000009994	
1. Entity Name THB VENTURES, LLC	
Principal Place of Business 12225 PREMIER COURT JACKSONVILLE, FL 32223	Mailing Address 12225 PREMIER COURT JACKSONVILLE, FL 32223
2. Principal Place of Business 245A Indian Bend Rd	Mailing Address 245A Indian Bend Rd
State, Apt. #, etc. FL	State, Apt. #, etc. FL
City St. Augustine	City St. Augustine
County St. Johns	County St. Johns
Zip 32095	Zip 32095
3. Name and Address of Current Registered Agent BLOODWORTH, SUSAN S ESQ. 170 MALAGA ST., STE. A ST. AUGUSTINE, FL 32084	
4. Name and Address of New Registered Agent None	
5. 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 a manager or member, and accept the obligations of registered agent.	
SIGNATURE _____ DATE _____	
6. MANAGING MEMBERS/MANAGERS	
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
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7. ADDITIONS/CHANGES	
MGRM TIMOTHY H. BLOODWORTH 245A Indian Bend Rd St. Augustine, FL 32095	
MGRM SUSAN S. BLOODWORTH 245A Indian Bend Rd St. Augustine, FL 32095	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information provided 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 submit this report is authorized by Chapter 606, Florida Statutes.	
SIGNATURE: Susan S. Bloodworth 5/15/03 (904) 824 0879	

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This marked out to correct the error with the FEI number.

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