


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90349 020 ****50.00

DOCUMENT # E02000022898	
1. Entity Name TPH ACQUISITION LLC	

Principal Place of Business 8542 HEATHER RUN DRIVE NORTH JACKSONVILLE, FL 32256	Mailing Address 8542 HEATHER RUN DRIVE NORTH JACKSONVILLE, FL 32256
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2. Principal Place of Business - No P.O. Box # 7907 Pine Lake Road Suite, Apt. #, etc.	3. Mailing Address 7907 Pine Lake Road Suite, Apt. #, etc.
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City & State Jacksonville, FL Zip 32256 Country USA	City & State Jacksonville, FL Zip 32256 Country USA
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04122007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent BSPA CORPORATE SERVICES, INC. 350 EAST OLAS BLVD., SUITE 1000 FORT LAUDERDALE, FL 33301	
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7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP HONIG, DAVID 8542 HEATHER RUN DR N JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7907 Pine Lake Road Jacksonville, FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this 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 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:  DAVID HONIG	4/12/07	904. 731.3034
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>