


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L02000024891  
 1. Entity Name  
 THAI LAINA, L.L.C.



Principal Place of Business: 6518 GATEWAY AVE. SARASOTA, FL 34231  
 Mailing Address: 8413 COUNTRY PARKWAY SARASOTA, FL 34243-2944



03082008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 03-0482413	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 REINICKE, STEPHANIE A  
 1800 SECOND STREET STE. 803  
 SARASOTA, FL 34236

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

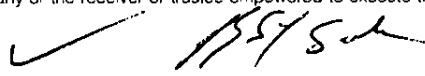
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SYSOUVANH. BOUNHEUAN 4440 MCINTOSH LAKE AVE. SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SYSOUVANH. BOUNNY 4440 MCINTOSH LAKE AVE. SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TIAMTISACK, SOMNHUTH 8413 COUNTRY PARKWAY SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TIAMTISACK, SENCNCCUM 8413 COUNTRY PARKWAY SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000861801  
 04/03/08-80024-004 138.75

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:  DATE: 3-11-8 DAYTIME PHONE #: 941-924-9049

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