FILED May 02, 2005 08:00 AM Secretary of State 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT **DOCUMENT # L02000029287** 1. Entity Name THH EQUITY, LLC Principal Place of Business Mailing Address 2300 GLADES ROAD STE, 100E 2300 GLADES ROAD STE. 100E BOCA RATON, FL 33431 BOCA RATON, FL 33431 01242005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 56-2303360 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GREENFIELD, WILLIAM R DO NOT WRITE 2300 GLADES ROAD STE. 100E BOCA RATON, FL 33431 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9, MGRM TITLE GREENFIELD, WILLIAM R NAME 2300 GLADES ROAD STE 100E STREET ADDRESS BOCA RATON, FL 33431 CITY-ST-ZIP U00000358583 05/04/05-80120-004 50.00 1111 E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY -ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-\$1-ZIP TITLE NAME

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 sective or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

William R. Greenfield

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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561-392-6662

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