## **FILED** AM te

ANNUAL REPORT				Jan 12, 2007 08:00 Secretary of Sta
DOCUMENT # L03000009029 1. Entity Name				
TBH DEV	ELOPMENT, LLC	·		
Principal Plac		Mailing Address		
ORLANDO, F	RANGE AVENUE L 32801	24 SOUTH ORANGE AVENUE ORLANDO, FL 32801		
_				01042007No Chg-LLC
D	O NOT WRITE	IN THIS SPA	CE	4. FEI Number Applied For
				45-0507599   Not Applicable
	6. Name and Address of Current	Designand Agent	1	5. Certificate of Status Desired  Fee Required
		Registered Agent	-	
ESTES, THEODORE D 24 SOUTH ORANGE AVENUE				DO NOT WRITE
ORLANDO, FL 32801				IN THIS SPACE
		or the purpose of changing its register	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
	lons of registered agent.			
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable (NOTE, Register	ed Agent signature required	d when reinstating) DATE
Fi D	iling Fee is \$50,00 ue by May 1, 2007			
9.	MANAGING MEMBI	ERS/MANAGERS	-	
TITLE NAME	ESTES, THEODORE D			
STREET ADDRESS CITY-ST-ZIP	24 SOUTH ORANGE AVENUE ORLANDO, FL 32801			
TITLE				000000584792 01/12/07-80052-017 50.00
name Street address				01/12/07-80052-017 50.00
CITY-ST-ZIP				
TITLE NAME				
STREET ADDRESS				DO NOT WRITE
CITY-ST-ZIP			-	IN THIS SPACE
NAME				IN THIS SPACE
STREET ADDRESS City-ST-ZIP				
TITLE			1	
NAME STREET ADDRESS				
CITY-ST-ZIP			4	
TITLE NAME				
STREET ADDRESS				

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 frue 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 of the receiver or thustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE: MONAGE MANE OF SIGNING MANGING MEMBER, OR ANTHORIZED REPRESENTATIVE