2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 28, 2006 8:00 am Secretary of State 04-28-2006 90010 009 ****50.00

DOCUMENT # L03000038939 1. Entity Name T. HENRY DEVELOPMENT CO., L.L.C.				04-28-2000 90010 009 *** 30.00
Principal Place of Business 12889 EMERALD COAST PARKWAY, SUITE 111-A DESTIN, FL 32550		Mailing Address 12889 EMERALD COAST DESTIN, FL 32550	PARKWAY, SUITE 111	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04192006 Chg-LLC CR2E083 (11/05)
City & State		City & State		4. FEI Number Applied For 71-0953112 Not Applicabl
Zip	Country	Zíp	Country	5. Certificate of Status Desired Status Desired Fee Required
6. Name and Address of Current Registered Agent HUNTER, GARY K JR. 123 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301			Street Address 12889 Em	7. Name and Address of New Registered Agent B. Henry, Jr. ss (P.O. Box Number is Not Acceptable) Merald Coast Pkwy, Suite 111- A
8. The above the obligat	named antity submits this statement for tions of registered agent. Signature, yped or printed name of registered agent a	Jung	City Desti Desti Registered office or regist	stered agent, or both, in the State of Florida. I am familiar with, and accep
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State
9. TITLE	MANAGING MEMBER	RS/MANAGERS	10.	ADDITIONS/CHANGES Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	HENRY, THOMAS B JR. 12889 EMERALD COAST PARKV DESTIN, FL 32550		NAME STREET ADDRESS CATY-ST-ZIP	
NAME STREET ADDRESS CITY-SI-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Detete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio
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: 4/1/06 (850)64-4818				
	THE NATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MAN	OEK, OR AUTHORIZED REPRE	ESENTATIVE 1 Daté Daytime Phone #