

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90070 029 ****50.00

DOCUMENT # L03000038939 1. Entity Name T. HENRY DEVELOPMENT CO., L.L.C.					
Principal Place of Business 12889 EMERALD COAST PARKWAY, SUITE 111-A DESTIN, FL 32550			Mailing Address 12889 EMERALD COAST PARKWAY, SUITE 111-A DESTIN, FL 32550		
2. Principal Place of Business - No P.O. Box # 6910 E CR 30A Suite, Apt. #, etc.		3. Mailing Address 6910 E CR 30A Suite, Apt. #, etc.			
City & State Prominence FL Zip 32413 Country USA		City & State Prominence FL Zip 32413 Country USA		4. FEI Number 71-0953112 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01102007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent HENRY, THOMAS B JR 12889 EMERALD COAST PKWY SUITE 111-A DESTIN, FL 32550			7. Name and Address of New Registered Agent Name Henry, Thomas B Jr Street Address (P.O. Box Number is Not Acceptable) 6910 E CR 30A City Prominence FL Zip Code 32413		
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: <i>Thomas B Henry</i> (NOTE: Registered Agent signature required when reinstating) 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	MGR HENRY, THOMAS B JR. 12889 EMERALD COAST PARKWAY, SUITE 111-A DESTIN, FL 32550		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Henry, Thomas B Jr. 6910 E CR 30A Prominence FL 32413	
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	
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	
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	
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	
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	
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: <i>Thomas B Henry</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 850-231-7942 Daytime Phone #		