


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90193 033 ****50.00

DOCUMENT # L04000038400	
1. Entity Name THE T206H COMPANY, LLC	

Principal Place of Business 5011 GATE PARKWAY STE. 150 JACKSONVILLE, FL 32256	Mailing Address 5011 GATE PARKWAY STE. 150 JACKSONVILLE, FL 32256
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40041000



01302006 Chg-LLC CR2E083 (11/05)

4. FEI Number 13-4280969	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MILAM HOWARD NICANDRI DEES & GILLAM, P.A. 20 NORTH LAURA STREET STE. 2900 JACKSONVILLE, FL 32202		Name Street Address (P.O. Box Number is Not Acceptable) 208 N. Laura St. #800 City Jacksonville FL Zip Code 32202	

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 	G. Alan Howard President 2.3.06 DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PETWAY, THOMAS F III 5011 GATE PARKWAY STE 150 JACKSONVILLE, FL 32256 <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	P PETWAY, THOMAS F IV 5011 GATE PARKWAY STE 150 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

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

Date

Daytime Phone #

2/27/06 904-398-3907