# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 20, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # L04000050650

1. Entity Name
THARPE STREET, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 2881 JEFFERSON STREET<br>MARIANNA, FL 32446 | P.O. BOX 138<br>MARIANNA, FL 32447 |

**DO NOT WRITE IN THIS SPACE**

03132006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1337332
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WILKINSON, THOMAS C
2881 JEFFERSON STREET
MARIANNA, FL 32446

**DO NOT WRITE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGR |
| NAME | WILKINSON, THOMAS C |
| STREET ADDRESS | 2881 JEFFERSON STREET |
| CITY-ST-ZIP | MARIANNA, FL 32446 |
| TITLE | T |
| NAME | ELLIS, JAMES C |
| STREET ADDRESS | PO BOX 6356 |
| CITY-ST-ZIP | TAMPA, FL 33602 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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04/05/06-80006-009 50.00

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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: James C. Ellis, James C. Ellis, Treasurer, 3/16/06, (334) 792-2153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #