2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L04000089642 03-11-2005 90053 015 ****50.00 THONOTOSASSA OAKS, LLC 1. 据经证证 100 2012 12 Mailing Address Principal Place of Business 574 MARMORA AVENUE 574 MARMORA AVENUE TAMPA, FL 33606 TAMPA, FL 33606 PROPERTY BUILDINGS OF BUILDING the by May 1. Sour. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03032005 Chg-LLC CR2E083 (10/03) City & State 4. FEI Number 65 - 1237534 City & State Applied For Not Applicable Zin Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEDGES, HARRY S Street Address (P.O. Box Number is Not Acceptable) **574 MARMORA AVENUE** TAMPA, FL 33606 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to eta generali 1. 12. 1 . 1. 1. Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State 14 5°15 3 m20 andric Samé 9. Through a diving MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. Delete TITLE COURT OF MGR 1966 ☐ Change ☐ Addition TITLE HEDGES, HARRY S NAME NAME STREET ADDRESS **574 MARMORA AVENUE** STREET ADDRESS TAMPA, FL 33606 CITY-ST-ZP CITY-ST-7IP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TATLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 emptwerpo to execute this report as required by Chapter 608, Florida Statutes.

MANAGEC

FILED

Mar 11, 2005 8:00 am