



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

06-12-2006 90336 034 ****50.00

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| DOCUMENT # L05000022041 | | | |  | |
| 1. Entity Name 1219 WEST THARPE, LLC | | | | | |
| Principal Place of Business 602 NORTH MERRIN STREET PLANT CITY, FL 33563 | | | Mailing Address 602 NORTH MERRIN STREET PLANT CITY, FL 33563 | | |
| 2. Principal Place of Business 3311 Nohlcrest PL | | 3. Mailing Address 3311 Nohlcrest PL | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Plant City, FL | | City & State Plant City, FL | | 4. FEI Number 20-4024042 | |
| Zip 33566 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HIGHTOWER, ROBERT S 241 EAST VIRGINIA STREET TALLAHASSEE, FL 32301 | | | 7. Name and Address of New Registered Agent | | |
| | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL | | |
| | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by September 6, 2006 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PRESCOTT, JAMES H 167 PECK CAWTHON ROAD DEFUNIAK SPRINGS, FL 32435 | <input type="checkbox"/> Delete <input checked="" type="checkbox"/> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | James T. Prescott 3311 Nohlcrest PL Plant City, FL 33566 | <input type="checkbox"/> Change <input checked="" 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 |
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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:  | | | Date: 6-7-06 | | Daytime Phone #: 813 752 6987 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |