2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State
04-17-2008 90166 037 ***138.75

DOCUMENT # L05000034097

1. Entity Name
THORN BEACH HOLDINGS, LLC

50004064

04082008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
100 S. ASHLEY DRIVE SUITE 1500 TAMPA, FL 33602	P.O. BOX 2481 TAMPA, FL 33601

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-2634467 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THORN, W. THOMPSON III 100 S. ASHLEY DRIVE SUITE 1500 TAMPA, FL 33602	Name: Same Street Address (P.O. Box Number is Not Acceptable): 100 N TAMPA ST, STE 1900 City: TAMPA FL Zip: 33602

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] 4-15-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM THORN, W. THOMPSON III 100 S. ASHLEY DRIVE, SUITE 1500 TAMPA, FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM THORN, W. THOMPSON III 100 N. Tampa St. Suite 1900 Tampa, FL 33602	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM THORN, MARTHA H 100 S. ASHLEY DRIVE, SUITE 1500 TAMPA, FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM THORN, MARTHA H 100 N TAMPA ST, STE 1900 TAMPA, FL 33602	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M THORN, WRAY T IV 100 S. ASHLEY DRIVE, SUITE 1500 TAMPA, FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M THORN, WRAY T IV 100 N TAMPA ST, STE 1900 TAMPA, FL 33602	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M THORN, MELISSA F 100 S. ASHLEY DRIVE, SUITE 1500 TAMPA, FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M THORN, MELISSA F 100 N TAMPA ST, STE 1900 TAMPA, FL 33602	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 4-15-08 8132254600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #