

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	

Principal Place of Business 100 S. ASHLEY DRIVE SUITE 1500 TAMPA, FL 33602	Mailing Address P.O. BOX 2481 TAMPA, FL 33601
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50004064

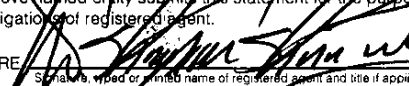


2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04082008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent THORN, W. THOMPSON III 100 S. ASHLEY DRIVE SUITE 1500 TAMPA, FL 33602	
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7. Name and Address of New Registered Agent	
Name	Same
Street Address (P.O. Box Number is Not Acceptable)	
100 N TAMPA ST, STE 1900	
City	TAMPA
State	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 obligation of registered agent.	
SIGNATURE: 	DATE: 4-15-08
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
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, MARTHA H 100 S. ASHLEY DRIVE, SUITE 1500 TAMPA, FL 33602 ☐ Delete
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, MELISSA F 100 S. ASHLEY DRIVE, SUITE 1500 TAMPA, FL 33602 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
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 N TAMPA ST, STE 1900 TAMPA, FL 33602 ☒ Change ☐ Addition
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 N TAMPA ST, STE 1900 TAMPA, FL 33602 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 	DATE: 4-15-08	DAYTIME PHONE: 813 225 4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		