

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90050 003 ****50.00

DOCUMENT # L05000042774 1. Entity Name THIS, LLC																											
Principal Place of Business 410 SOUTH ARMENIA AVENUE 935 TAMPA, FL 33609		Mailing Address 410 SOUTH ARMENIA AVENUE 935 TAMPA, FL 33609																									
2. Principal Place of Business 701 S. Howard Ave Suite, Apt. #, etc. 106-364 City & State Tampa FL Zip 33606-2473		3. Mailing Address 701 S. Howard Ave Suite, Apt. #, etc. 106-364 City & State Tampa, FL Zip 33606-2473 U.S.																									
04092006 Chg-LLC CR2E083 (11/05)		4. FEI Number 20-2769750																									
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable																									
6. Name and Address of Current Registered Agent FRANTZ, KEITH 410 SOUTH ARMENIA AVENUE 935 TAMPA, FL 33609		7. Name and Address of New Registered Agent Name Frantz, Keith Street Address (P.O. Box Number is Not Acceptable) 701 S. HOWARD AVE Ste # 106-364 City Tampa FL Zip Code 33606-2473																									
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 <u>Keith B. Frantz</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		KEITH FRANTZ <small>(NOTE: Registered Agent signature required when reinstating)</small>																									
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FRANTZ, KEITH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>410 SOUTH ARMENIA AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33602</td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	FRANTZ, KEITH		STREET ADDRESS	410 SOUTH ARMENIA AVENUE		CITY-ST-ZIP	TAMPA, FL 33602		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGR</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>FRANTZ, KEITH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>701 S. HOWARD AVE STE #106-364</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33606-2473</td> <td></td> </tr> </table>		TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	FRANTZ, KEITH		STREET ADDRESS	701 S. HOWARD AVE STE #106-364		CITY-ST-ZIP	TAMPA, FL 33606-2473	
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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: <u>Keith B. Frantz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		KEITH FRANTZ 4/19/06 813-333-5435 <small>Date Daytime Phone #</small>																									