


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 21, 2006 8:00 am
Secretary of State

06-21-2006 90189 003 ****50.00

DOCUMENT # L05000077320					
1. Entity Name TFH COMPANIES, L.L.C.					
Principal Place of Business 100 S. SPOOKY LANE #8B SANTA ROSA BEACH, FL 32459			Mailing Address 18161 EAST PETROLEUM DRIVE BATON ROUGE, LA 70809		
2. Principal Place of Business <i>2481 BUNGALOW LN</i>		3. Mailing Address <i>2481 BUNGALOW LN</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>MIRAMAR BEACH, FL</i>		City & State <i>MIRAMAR BEACH, FL</i>		4. FEI Number 20-3453580	
Zip <i>32550</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, G. THOMAS 510 EAST ZARAGOZA STREET PENSACOLA, FL 32502			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 <i>[Signature]</i>		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE <i>6-16-6</i>	
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HARVISON, TY F 18161 EAST PETROLEUM DRIVE BATON ROUGE, LA 70809	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>2481 BUNGALOW LN MIRAMAR BEACH, FL 32550</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i>		Signature, typed or printed name of signing managing member, manager, or authorized representative <i>TY HARVISON</i>		Date <i>6-16-6</i> Daytime Phone # <i>25-806-2438</i>	