2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

Apr 27, 2007 8:00 am Secretary of State DOCUMENT #L05000086548 04-27-2007 90036 030 ****50.00 1. Entity Name THONO 12, LLC 00042471 Principal Place of Business Mailing Address 9625 WES KEARNEY WAY 9625 WES KEARNEY WAY RIVERVIEW, FL 33569 RIVERVIEW, FL 33569 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5115 JOANNE KEARNEY BLVD P.O. BOX 5299 Suite, Apt. #, etc. Suite, Apt. #, etc. 04062007 CR2E083 (12/06) Chg-LLC 4. FEI Number Applied For City & State City & State TAMPA, FL. TAMPA, FL. 20-3395715 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 33619 USA 33675-5299 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JAMES M. REED HARRIS, TRACY J JR Street Address (P.O. Box Number is Not Acceptable) 9625 WES KEARNEY WAY 5115 JOANNE KEARNEY BLVD RIVERVIEW, FL 33569 Zip C3619 FL 316 TAMPA 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, type DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. **MGRM X** Change TITLE ☐ Detete TITLE ☐ Addition HARRIS, TRACY J JR. NAME 5115 JOANNE KEARNEY BLVD. STREET ADDRESS 9625 WES KEARNEY WAY STREET ADORESS CITY-ST-ZIP RIVERVIEW, FL 33569 CITY-ST-ZIP TAMPA FL 33619 MGRM Change Change ☐ Addition TITLE ☐ Delete TITLE NAME KEARNEY, BING CHARLES W JR. NAME 5115 JOANNE KEARNEY BLVD. STREET ADDRESS 9625 WES KEARNEY WAY STREET ADDRESS TAMPA FL 33619 CITY-ST-ZIP CITY-ST-ZIP RIVERVIEW, FL 33569 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP 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.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED