## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 10, 2008 8:00 am Secretary of State

|  |  |   |   |                              |   | ary or St  |  |  |
|--|--|---|---|------------------------------|---|--|--|--|
| DOCUMENT # L05000086549  1. Entity Name THONO 6, LLC   |  |   |   |                              | 04-10-2008 90132 020 ***138.75                      |  |  |  |
| Principal Plac   | e of Business  | Mailing Address                                     | <del> </del>  |                              |   |  |  |  |
| Principal Place of Business 5115 JOANNE KEARNEY BLVD TAMPA, FL 33619   |  | PO BOX 5299<br>TAMPA, FL 33675                      |   | -                            | 60021779  |  |  |  |
|  |  |   |   |                              |   | 7  |  |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address                                  |   |                              |   |  |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                                 |   | 01182008                     | Chg-LLC   | CR2E083 (12/06)  |  |  |
| City & State   |  | City & State  |   | 1                            | 4. FEI Number Applied For 20-3395786 Not Applicable |  |  |  |
| Zip  | Country  | Zip   | Country   |                              | of Status Desired                                   | \$5.00 Add   | ditional                               |  |
|  | 6. Name and Address of Current   | Registered Agent                                    |   | 7. Name an                   | Address of New                                      | Registered Agent   |  |  |
|  |  |   | Name  | Name                         |   |  |  |  |
| REED, JAMES M<br>5115 JOANNE KEARNEY BLVD<br>TAMPA, FL 33619   |  |   | Street Address (  |                              | (P.O. Box Number is Not Acceptable)                 |  |  |  |
|  | - 55575  |   |   |                              |   |  |  |  |
|  | ·<br>  |   | City  |                              |   | FL Zip Cod   |  |  |
|  | named entity submits this statement for<br>ions of registered agent.   | r the purpose of changing its                       | registered office or r  | registered agent, or bo      | oth, in the State of F                              | florida. I am familíar with,   | and accept                             |  |
| SIGNATURE .  |  |   |   |                              |   |  |  |  |
|  | Signature, typed or printed name of registered agent a   | and talle if applicable. {NOTE                      | : Registered Agent signature  | e required when reinstating) |   | DATE   |  |  |
| FILE   | Signature, typed or printed name of registered agent at ENOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75   |   | : Registered Agent signature  | e required when reinstating) |   | DATE<br>ike check payable to<br>da Department of Stat                          | e                                      |  |
| FILE   | NOW!!! FEE IS \$138.75   |   | Registered Agent signature  | e required when reinstating) | Florid  | ike check payable to   | 0                                      |  |
| FILE<br>After May  | : NOW!!! FEE IS \$138.75<br>, 1, 2008 Fee will be \$538.75   |   |   | e required when reinstating) | Florid  | ike check payable to<br>da Department of Stat                                  | ● Addition                             |  |
| FILE<br>After May<br>9.<br>TITLE<br>NAME   | NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75  MANAGING MEMBE  MGRM  HARRIS, TRACY J JR   | RS/MANAGERS   | 10.<br>TITLE<br>NAME  | e required when reinstating) | Florid  | ike check payable to<br>da Department of Stat<br>B/CHANGES                     |  |  |
| FILE After May  9.  TITLE NAME STREET ADDRESS  | NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75  MANAGING MEMBE  MGRM  HARRIS, TRACY J JR  5115 JOANNE KEARNEY BLVD   | RS/MANAGERS   | 10. TITLE NAME STREET ADDRESS   | e required when reinstating) | Florid  | ike check payable to<br>da Department of Stat<br>B/CHANGES                     |  |  |
| FILE After May  9.  TIILE NAME STREET ADDRESS CITY-ST-ZIP  | MANAGING MEMBE MGRM HARRIS, TRACY J JR 5115 JOANNE KEARNEY BLVD TAMPA, FL 33619  | RS/MANAGERS   | 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | e required when reinstating) | Florid  | ike check payable to<br>da Department of Stat<br>S/CHANGES                     | Addition                               |  |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MANAGING MEMBE MGRM HARRIS, TRACY J JR 5115 JOANNE KEARNEY BLVD TAMPA, FL 33619 MGR  | RS/MANAGERS  Delete                                 | 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | e (equired when reinstating) | Florid  | ike check payable to<br>da Department of Stat<br>B/CHANGES                     |  |  |
| FILE After May  9.  TIILE NAME STREET ADDRESS CITY-ST-ZIP  | MANAGING MEMBE MGRM HARRIS, TRACY J JR 5115 JOANNE KEARNEY BLVD TAMPA, FL 33619 MGR KEARNEY, BING CHARLES W J  | RS/MANAGERS  Delete                                 | 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | e (equired when reinstating) | Florid  | ike check payable to<br>da Department of Stat<br>S/CHANGES                     | Addition                               |  |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | MANAGING MEMBE MGRM HARRIS, TRACY J JR 5115 JOANNE KEARNEY BLVD TAMPA, FL 33619 MGR  | RS/MANAGERS  Delete                                 | 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | e required when reinstating) | Florid  | ike check payable to<br>da Department of Stat<br>S/CHANGES                     | Addition                               |  |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | MANAGING MEMBE MGRM HARRIS, TRACY J JR 5115 JOANNE KEARNEY BLVD TAMPA, FL 33619 MGR KEARNEY, BING CHARLES W J 5115 JOANNE KEARNEY BLVD   | RS/MANAGERS  Delete                                 | 10. TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS   | e (equited when reinstating) | Florid  | ike check payable to<br>da Department of Stat<br>S/CHANGES                     | Addition                               |  |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP  | MOW!!! FEE IS \$138.75 , 1, 2008 Fee will be \$538.75  MANAGING MEMBE  MGRM HARRIS, TRACY J JR 5115 JOANNE KEARNEY BLVD TAMPA, FL 33619  MGR KEARNEY, BING CHARLES W J 5115 JOANNE KEARNEY BLVD TAMPA, FL 33619  MGRM KEARNEY, C.W. B JR                                   | RS/MANAGERS  Delete  Delete  R.                     | 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | e (equired when reinstating) | Florid  | ike check payable to da Department of Stat  S/CHANGES  Change                  | Addition                               |  |
| FILE After May  9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | MOW!!! FEE IS \$138.75 , 1, 2008 Fee will be \$538.75  MANAGING MEMBE  MGRM  HARRIS, TRACY J JR  5115 JOANNE KEARNEY BLVD  TAMPA, FL 33619  MGR  KEARNEY, BING CHARLES W J  5115 JOANNE KEARNEY BLVD  TAMPA, FL 33619  MGRM  | RS/MANAGERS  Delete  Delete  R.                     | 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | e required when reinstating) | Florid  | ike check payable to da Department of Stat  S/CHANGES  Change                  | Addition                               |  |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | MOW!!! FEE IS \$138.75  / 1, 2008 Fee will be \$538.75  MANAGING MEMBE  MGRM  HARRIS, TRACY J JR  5115 JOANNE KEARNEY BLVD  TAMPA, FL 33619  MGR  KEARNEY, BING CHARLES W J  5115 JOANNE KEARNEY BLVD  TAMPA, FL 33619  MGRM  KEARNEY, C.W. B JR  5115 JOANNE KEARNEY BLVD | RS/MANAGERS  Delete  Delete  R.                     | 10.  TITLE NAME STREET ADDRESS GITY-ST-ZIP  TITLE NAME STREET ADDRESS GITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS   | e required when reinstating) | Florid  | ike check payable to da Department of Stat  S/CHANGES  Change                  | Addition                               |  |
| FILE After May  9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | MOW!!! FEE IS \$138.75  / 1, 2008 Fee will be \$538.75  MANAGING MEMBE  MGRM  HARRIS, TRACY J JR  5115 JOANNE KEARNEY BLVD  TAMPA, FL 33619  MGR  KEARNEY, BING CHARLES W J  5115 JOANNE KEARNEY BLVD  TAMPA, FL 33619  MGRM  KEARNEY, C.W. B JR  5115 JOANNE KEARNEY BLVD | RS/MANAGERS  Delete  Delete  R.                     | 10.  TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME   | e required when reinstating) | Florid  | ike check payable to da Department of State  S/CHANGES  Change  Change         | Addition  Addition                     |  |
| 9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MOW!!! FEE IS \$138.75  / 1, 2008 Fee will be \$538.75  MANAGING MEMBE  MGRM  HARRIS, TRACY J JR  5115 JOANNE KEARNEY BLVD  TAMPA, FL 33619  MGR  KEARNEY, BING CHARLES W J  5115 JOANNE KEARNEY BLVD  TAMPA, FL 33619  MGRM  KEARNEY, C.W. B JR  5115 JOANNE KEARNEY BLVD | RS/MANAGERS  Delete  Delete  R.                     | 10.  TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS  | e (equired when reinstating) | Florid  | ike check payable to da Department of State  S/CHANGES  Change  Change         | Addition  Addition                     |  |
| FILE After May  9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MOW!!! FEE IS \$138.75  / 1, 2008 Fee will be \$538.75  MANAGING MEMBE  MGRM  HARRIS, TRACY J JR  5115 JOANNE KEARNEY BLVD  TAMPA, FL 33619  MGR  KEARNEY, BING CHARLES W J  5115 JOANNE KEARNEY BLVD  TAMPA, FL 33619  MGRM  KEARNEY, C.W. B JR  5115 JOANNE KEARNEY BLVD | RS/MANAGERS  Delete  Delete  Delete  Delete  Delete | 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  | e required when reinstating) | Florid  | ike check payable to da Department of State  S/CHANGES  Change  Change  Change | Addition Addition Addition             |  |
| FILE After May  9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | MOW!!! FEE IS \$138.75  / 1, 2008 Fee will be \$538.75  MANAGING MEMBE  MGRM  HARRIS, TRACY J JR  5115 JOANNE KEARNEY BLVD  TAMPA, FL 33619  MGR  KEARNEY, BING CHARLES W J  5115 JOANNE KEARNEY BLVD  TAMPA, FL 33619  MGRM  KEARNEY, C.W. B JR  5115 JOANNE KEARNEY BLVD | RS/MANAGERS  Delete  Delete  R.                     | 10.  TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS  | e required when reinstating) | Florid  | ike check payable to da Department of State  S/CHANGES  Change  Change         | Addition  Addition                     |  |
| FILE After May  9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MOW!!! FEE IS \$138.75  / 1, 2008 Fee will be \$538.75  MANAGING MEMBE  MGRM  HARRIS, TRACY J JR  5115 JOANNE KEARNEY BLVD  TAMPA, FL 33619  MGR  KEARNEY, BING CHARLES W J  5115 JOANNE KEARNEY BLVD  TAMPA, FL 33619  MGRM  KEARNEY, C.W. B JR  5115 JOANNE KEARNEY BLVD | RS/MANAGERS  Delete  Delete  Delete  Delete  Delete | 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | e required when reinstating) | Florid  | ike check payable to da Department of State  S/CHANGES  Change  Change  Change | Addition Addition Addition             |  |
| FILE After May  9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | MOW!!! FEE IS \$138.75  / 1, 2008 Fee will be \$538.75  MANAGING MEMBE  MGRM  HARRIS, TRACY J JR  5115 JOANNE KEARNEY BLVD  TAMPA, FL 33619  MGR  KEARNEY, BING CHARLES W J  5115 JOANNE KEARNEY BLVD  TAMPA, FL 33619  MGRM  KEARNEY, C.W. B JR  5115 JOANNE KEARNEY BLVD | RS/MANAGERS  Delete  Delete  Delete  Delete  Delete | 10.  TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | e required when reinstating) | Florid  | ike check payable to da Department of State  S/CHANGES  Change  Change  Change | Addition Addition Addition             |  |
| 9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | MOW!!! FEE IS \$138.75  / 1, 2008 Fee will be \$538.75  MANAGING MEMBE  MGRM  HARRIS, TRACY J JR  5115 JOANNE KEARNEY BLVD  TAMPA, FL 33619  MGR  KEARNEY, BING CHARLES W J  5115 JOANNE KEARNEY BLVD  TAMPA, FL 33619  MGRM  KEARNEY, C.W. B JR  5115 JOANNE KEARNEY BLVD | RS/MANAGERS  Delete  Delete  Delete  Delete  Delete | 10.  TITLE NAME STREET ADDRESS GITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS  | e required when reinstating) | Florid  | ike check payable to da Department of State  S/CHANGES  Change  Change  Change | Addition Addition Addition             |  |
| FILE After May  9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | MOW!!! FEE IS \$138.75  / 1, 2008 Fee will be \$538.75  MANAGING MEMBE  MGRM  HARRIS, TRACY J JR  5115 JOANNE KEARNEY BLVD  TAMPA, FL 33619  MGR  KEARNEY, BING CHARLES W J  5115 JOANNE KEARNEY BLVD  TAMPA, FL 33619  MGRM  KEARNEY, C.W. B JR  5115 JOANNE KEARNEY BLVD | RS/MANAGERS  Delete  Delete  Delete  Delete  Delete | 10.  TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | e required when reinstating) | Florid  | check payable to da Department of State  S/CHANGES  Change  Change  Change     | Addition  Addition  Addition  Addition |  |
| FILE After May  9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | MOW!!! FEE IS \$138.75  / 1, 2008 Fee will be \$538.75  MANAGING MEMBE  MGRM  HARRIS, TRACY J JR  5115 JOANNE KEARNEY BLVD  TAMPA, FL 33619  MGR  KEARNEY, BING CHARLES W J  5115 JOANNE KEARNEY BLVD  TAMPA, FL 33619  MGRM  KEARNEY, C.W. B JR  5115 JOANNE KEARNEY BLVD | RS/MANAGERS  Delete  Delete  Delete  Delete  Delete | 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE      | e required when reinstating) | Florid  | check payable to da Department of State  S/CHANGES  Change  Change  Change     | Addition  Addition  Addition  Addition |  |

I hereby certify that the information supplied with this filling 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 AND THE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE OF

(813) 435-7777