

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90422 006 ****55.00

20010771



DOCUMENT # L05000108393		
1. Entity Name THA, LLC		

Principal Place of Business 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33767	Mailing Address 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33767
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01172006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3924602	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FLYNN, THOMAS F 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLYNN, THOMAS F 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Kevin T. Flynn, Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date: 2/23/06 Daytime Phone #: 727-449-1182



FLYNN

MANAGEMENT
CORPORATION

ATTACHMENT

200/0771



EQUAL HOUSING
OPPORTUNITY

LICENSED REAL ESTATE BROKER

516 LAKEVIEW ROAD, UNIT 8
CLEARWATER, FLORIDA 33756-3302
(727) 449-1182
(727) 447-5364 FAX

February 24, 2006

TO: Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Enclosed please find 2006 Annual Reports with checks for fees for the following:

CSA, LLC
THA, LLC
SHA, LLC

Sincerely,

FLYNN MANAGEMENT CORPORATION