2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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

FILED Feb 25, 2008 08:00 AN **Secretary of State**



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01032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3924602

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional X 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

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La company of the company of the contract of the company 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

k aktivisti sää esimmä

DATE

FILE NOW!!! FEE 18 \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	FLYNN, THOMAS F		
STREET ADDRESS	516 LAKEVIEW ROAD UNIT 8		
CITY-ST-ZIP	CLEARWATER, FL 33756		
TITLE	VP		
NAME	FLYNN, KEVIN T		
STREET ADDRESS	516 LAKEVIEW RD UNIT 8		
CITY-ST-ZIP	CLEARWATER, FL 33756		
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the first of the first specific common the contract of the first specific contract of the fir 11. 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.

Kevin T. Flynn, Vice President

2/22/08

727-449-1182

NING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR PRINTED NAME OF S

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Daytime Phone #