

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

01-29-2007 90140 033 ****50.00

DOCUMENT # L06000048110 1. Entity Name T-H INESTORS, LLC <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">T-H INVESTORS, LLC</div>			
Principal Place of Business 3001 S.W. THIRD AVENUE MIAMI, FL 33129		Mailing Address 3001 S.W. THIRD AVENUE MIAMI, FL 33129	
2. Principal Place of Business - No P.O. Box # 8050 NW 77th Ct. Suite, Apt. #, etc.		3. Mailing Address Same as #2 Suite, Apt. #, etc.	
City & State MIAMI FL Zip 33166		City & State Zip Country USA	
4. FEI Number 33-1146973		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01222007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent MARKO, DAVID E 3001 S.W. THIRD AVENUE DE LA O, MARKO, MAGOLNICK & LEYTON MIAMI, FL 33129		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE _____ <small>Signature, typed or printed name of registered agent and shall applicable. (NOTE: Registered Agent signature required when reappointing)</small> </div> <div style="width: 35%; text-align: right;"> 1/22/07 <small>DATE</small> </div> </div>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MANAGING DIRECTOR ROGER F. TERAN 8050 NW 77th Ct. MIAMI, FL 33166	<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		1/22/07 305-477-8000 <small>Date Daytime Phone #</small>	