2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# L07000049179

Entity Name: THF PROPERTIES, L.L.C.

Current Principal Place of Business:

2120 KILLARNEY WAY
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

P.O. DRAWER 14569
TALLAHASSEE, FL 323174569

New Mailing Address:

FEI Number: 20-8997650 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLDBERG, STUART E ESQ.
2039 CENTRE POINTE BLVD., SUITE 201
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HOWELL, WINSTON K
Address: P.O. DRAWER 14569
City-St-Zip: TALLAHASSEE, FL 323174569

Title: MGRM ( ) Delete
Name: FERGUSON, WILLIAM
Address: P.O. DRAWER 14569
City-St-Zip: TALLAHASSEE, FL 323174569

Title: MGRM ( ) Delete
Name: GRAY, JAMES A
Address: P.O. DRAWER 14569
City-St-Zip: TALLAHASSEE, FL 323174569

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: FERGUSON, WILLIAM A
Address: P.O. DRAWER 14569
City-St-Zip: TALLAHASSEE, FL 323174569

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WINSTON K. HOWELL MGRM 04/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date