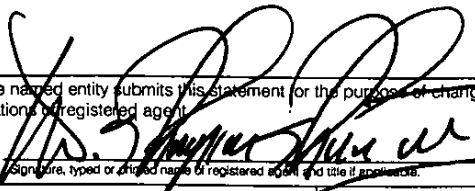
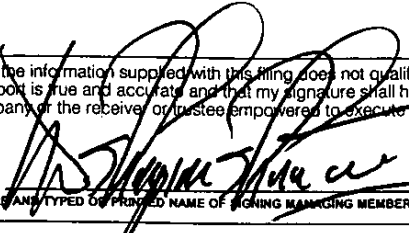


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

04-17-2008 90166 038 ***138.75

DOCUMENT # L07000122884					
1. Entity Name THORN ISLAND EQUITY, LLC					
Principal Place of Business 100 SOUTH ASHLEY DRIVE, SUITE 1500 TAMPA, FL 33602			Mailing Address 100 SOUTH ASHLEY DRIVE, SUITE 1500 TAMPA, FL 33602		
2. Principal Place of Business - No P.O. Box # 100 N. Tampa St. Ste. 1900		3. Mailing Address 100 N. Tampa St. Ste. 1900			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05152008 Chg-LLC CR2E083 (12/06)	
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 36-4632447	
Zip 33602		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent THORN, W. THOMPSON III 100 SOUTH ASHLEY DRIVE, SUITE 1500 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name: Same Street Address (P.O. Box Number is Not Acceptable): 100 N. Tampa St., Ste. 1900 City: Tampa, FL Zip Code: 33602		
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:  DATE: 05-15-2008 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))					
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P S ☒ Change ☐ Addition W. Thompson Thorn, III 100 N. Tampa St., Ste. 1900 Tampa, FL 33602		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 			05-15-2008 813-225-4600		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/17/2008-90166-038-\$138.75-\$138.75

DOCUMENT # L07000122884 1. Entity Name THORN ISLAND EQUITY, LLC						ATTACHMENT 30006713	
Principal Place of Business 100 SOUTH ASHLEY DRIVE, SUITE 1500 TAMPA, FL 33602				Mailing Address 100 SOUTH ASHLEY DRIVE, SUITE 1500 TAMPA, FL 33602			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent THORN, W. THOMPSON III 100 SOUTH ASHLEY DRIVE, SUITE 1500 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 100 N TAMPA ST, STE 1900 City TAMPA FL Zip Code 33602			
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				DATE 4-15-08			
(NOTE: Registered Agent signature required when reinstating)				DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:				DATE 4-15-08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DAYTIME PHONE # 8132254600			