2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# L08000100848

Entity Name: THORNE OHIO, LLC

Current Principal Place of Business:

4356 OUTRIGGER LN
TAMPA, FL 336155510

New Principal Place of Business:

Current Mailing Address:

4356 OUTRIGGER LN
TAMPA, FL 336155510

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THORNE, THERESA J
4356 OUTRIGGER LN
TAMPA, FL 336155510 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: MGR ( ) Delete
Name: HARVEY, ANGELA M
Address: 6721 EDGARTOWN WAY
City-St-Zip: GAINSVILLE, VA 20155

Title: MGRM ( ) Delete
Name: THORNE, THERESA J
Address: 4356 OUTRIGGER LN
City-St-Zip: TAMPA, FL 336155510

Title: MGRM ( ) Delete
Name: THORNE, JOHN A
Address: 4356 OUTRIGGER LN
City-St-Zip: TAMPA, FL 336155510

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: THORNE, THERESA J
Address: 4356 OUTRIGGER LN
City-St-Zip: TAMPA, FL 336155510

Title: MGR (X) Change ( ) Addition
Name: THORNE, JOHN A
Address: 4356 OUTRIGGER LN
City-St-Zip: TAMPA, FL 336155510

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: JOHN A THORNE MR 01/10/2009

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