2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001964

Entity Name: TH OPERATIONS, L.C.

FILED Apr 08, 2006 Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

ONE ALHAMBRA PLAZA

ONE ALHAMBRA PLAZA SUITE 1410 CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

ONE ALHAMBRA PLAZA SUITE 1410 CORAL GABLES, FL 33134

FEI Number: 65-0865946 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SALPETER, SCOTT E ONE ALHAMBRA PLAZA SUITE 1410 CORAL GABLES, FL 33134 US

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: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 CASSEL, JAMES S
 Name:

 Address:
 ONE ALHAMBRA PLAZA, SUITE 1410
 Address:

 City-St-Zip:
 CORAL GABLES, FL 33134
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 SALPETER, SCOTT E
 Name:

 Address:
 ONE ALHAMBRA PLAZA, SUITE 1410
 Address:

 City-St-Zip:
 CORAL GABLES, FL 33134
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name:STEINER, BARRY EName:Address:ONE ALHAMBRA PLAZA, SUITE 1410Address:City-St-Zip:CORAL GABLES, FL 33134City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SCOTT SALPETER MGRM 04/08/2006