

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001964

Entity Name: TH OPERATIONS, L.C.

FILED
Feb 02, 2007
Secretary of State

Current Principal Place of Business:

ONE ALHAMBRA PLAZA
SUITE 1410
CORAL GABLES, FL 33134

Current Mailing Address:

ONE ALHAMBRA PLAZA
SUITE 1410
CORAL GABLES, FL 33134

New Principal Place of Business:

4400 BISCAYNE BOULEVARD
14TH FLOOR
MIAMI, FL 33137

New Mailing Address:

4400 BISCAYNE BOULEVARD
14TH FLOOR
MIAMI, FL 33137

FEI Number: 65-0865946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PETER F. SOUZA

02/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CASSEL, JAMES S
Address: ONE ALHAMBRA PLAZA, SUITE 1410
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: SALPETER, SCOTT E
Address: ONE ALHAMBRA PLAZA, SUITE 1410
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: STEINER, BARRY E
Address: ONE ALHAMBRA PLAZA, SUITE 1410
City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CASSEL, JAMES S
Address: 4400 BISCAYNE BOULEVARD, 14TH FLOOR
City-St-Zip: MIAMI, FL 33137

Title: MGRM (X) Change () Addition
Name: SALPETER, SCOTT E
Address: 4400 BISCAYNE BOULEVARD, 14TH FLOOR
City-St-Zip: MIAMI, FL 33137

Title: MGRM (X) Change () Addition
Name: STEINER, BARRY E
Address: 4400 BISCAYNE BOULEVARD, 14TH FLOOR
City-St-Zip: MIAMI, FL 33137

Title: ASST () Change (X) Addition
Name: CHILLEMI, DIANE
Address: 538 BROADHOLLOW ROAD, SUITE 200W
City-St-Zip: MELVILLE, NY 11747

Title: ASST () Change (X) Addition
Name: GIOVANNIELLO, JOSEPH
Address: 153 EAST 53RD STREET, 49TH FLOOR
City-St-Zip: NEW YORK, NY 10022

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: JOSEPH GIOVANNIELLO

ASST

02/02/2007

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