

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004540

FILED
Apr 24, 2004
Secretary of State

Entity Name: THC DEVELOPERS INTERNATIONAL, LLC

Current Principal Place of Business:

2158 WINTERMERE PT. DR
WINTER GARDEN, FL 34787 US

New Principal Place of Business:

118 WEST ORANGE STREET, SUITE 100
118 WEST ORANGE STREET, SUIT, FL 32714 US

Current Mailing Address:

2158 WINTERMERE PT. DR
SUITE 320
WINTER GARDEN, FL 34787 US

New Mailing Address:

2718 WINDSOR CT NW
KENNESAW, GA 30144 US

FEI Number: 59-3616808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDBERG, RUSSELL
118 WEST ORANGE STREET, SUITE 100
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

GOLDBERG, RUSSELL
118 WEST ORANGE STREET, SUITE 100
118 WEST ORANGE STREET, SUIT, FL 32714 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:

04/24/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: GAZZARD, BARRY J
Address: 2158 WINTERMERE POINTE DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGR () Delete
Name: OBERHOLZER, ALUTIOUS C MR.
Address: 870 ASTON ROAD
City-St-Zip: DAINFURN, GAUTENG 2055, . S.AFRICA

Title: MGR () Delete
Name: ALLAN, CINDY J MS.
Address: 4 TAPLIN ROAD, UMTENTWENI,
City-St-Zip: KWA-ZULU NATAL 4235, . S.AFRICA

Title: MGR () Delete
Name: BEEKMAN, JACOB
Address: 105 UVONGA FALLS, 93 MARINE DRIVE, UVONGA
City-St-Zip: KWA-ZULU NATAL 4235, . S.AFRICA

Title: MGR () Delete
Name: BEEKMAN, NEVILLE
Address: 5 ROBIN LANE, UMTENTWENI,
City-St-Zip: KWA-ZULU NATAL 4235, . S.AFRICA

Title: MGR () Delete
Name: BEEKMAN, ABRAHAM MR.
Address: 26 EAGLE RD., UMTENTWENI,
City-St-Zip: KWA-ZULU NATAL 4235, . S.AFRICA

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GAZZARD, BARRY J
Address: 2718 WINDSOR CT NW
City-St-Zip: KENNESAW, GA 30144

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BARRY GAZZARD

MGR

04/24/2004

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