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Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 91029 001 ***150.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

55028304

DOCUMENT # L99000004540

1. Entity Name
THC DEVELOPERS INTERNATIONAL, LLC

Principal Place of Business	Mailing Address
4901 VINELAND ROAD SUITE 320 ORLANDO, FL 32811 US	4901 VINELAND ROAD SUITE 320 ORLANDO, FL 32811 US

2. Principal Place of Business	3. Mailing Address
2158 Wintermere Pt. Dr.	2158 Wintermere Pt.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Garden	City & State: Winter Garden
Zip: FL 34787 Country: USA	Zip: FL Country: 34787

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3616808 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GAZZARD, BARRY J MGR 4901 VINELAND ROAD SUITE 320 ORLANDO, FL 32811	Name: Street Address (P.O. Box Number is Not Acceptable): 2158 Wintermere Pointe Dr. City: Winter Garden FL Zip Code: 34787

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: BARRY J. GAZZARD DATE: APL. 16, 2003

(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating.)

FILER NOW!! FEE IS $600.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GAZZARD, BARRY J 2158 WINTERMERE POINTE DRIVE WINTER GARDEN, FL 34787	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR OBERHOLZER, ALUTIUS C MR. 870 ASTON ROAD DAINFURN, GAUTENG 2055, . S.AFRICA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ALLAN, CINDY J MS. 4 TAPLIN ROAD, UMTENTWENI, KWA-ZULU NATAL 4235, . S.AFRICA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BEEKMAN, JACOB 105 UVONGA FALLS, 93 MARINE DRIVE, UVONGA KWA-ZULU NATAL 4235, . S.AFRICA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BEEKMAN, NEVILLE 5 ROBIN LANE, UMTENTWENI, KWA-ZULU NATAL 4235, . S.AFRICA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BEEKMAN, ABRAHAM MR. 26 EAGLE RD., UMTENTWENI, KWA-ZULU NATAL 4235, . S.AFRICA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify 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 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 J. GAZZARD Date: APL. 16, 2003. Daytime Phone #: 407-905-9637

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE