


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90008 050 \*\*\*\*50.00

**DOCUMENT # M03000001976**

1. Entity Name  
THI OF FLORIDA AT OSCEOLA, LLC



|   |   |
|---|---|
| Principal Place of Business<br>930 RIDGEBROOK RD.<br>SPARKS, MD 21152 | Mailing Address<br>930 RIDGEBROOK RD.<br>SPARKS, MD 21152 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01062006No Chg-LLC CR2E083 (11/05)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>20-0055017  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                               |

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | MGR<br>BENNETT, W. BRADLEY<br>930 RIDGEBROOK RD.<br>SPARKS, MD 21152 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | MGR<br>WARLOW, MELISSA<br>930 RIDGEBROOK RD.<br>SPARKS, MD 21152     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | MGR<br>FULCHINO, MARK<br>930 RIDGEBROOK RD.<br>SPARKS, MD 21152      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |  |

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  3-29-06 410-773-1176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #