

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M03000002539

1. Entity Name
THI ADVANTAGE DME, LLC



Principal Place of Business
930 RIDGEBROOK RD.
SPARKS, MD 21152

Mailing Address
930 RIDGEBROOK RD.
SPARKS, MD 21152

FILED
Aug 01, 2008 08:00 AM
Secretary of State



07152008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0081357	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 EAST PARK AVE.
TALLAHASSEE, FL 32301

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

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENNETT, W. BRADLEY 930 RIDGEBROOK RD. SPARKS, MD 21152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARLOW, MELISSA 930 RIDGEBROOK RD. SPARKS, MD 21152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FULCHINO, MARK 930 RIDGEBROOK RD. SPARKS, MD 21152
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08/01/08-80002-019 138.75

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/28/08
Date

410-773-1176
Daytime Phone #