

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # M05000001879

1. Entity Name  
THC CAPITAL G.P. LLC



Principal Place of Business

5847 SAN FELIPE, SUITE 3600  
HOUSTON, TX 77057

Mailing Address

5847 SAN FELIPE, SUITE 3600  
HOUSTON, TX 77057

FILED

07 SEP -4 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05202007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-2035826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
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

**Filing Fee is \$50.00  
Due by September 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME BOWDEN, J. MURRY  
STREET ADDRESS 5647 SAN FELIPE, SUITE 3600  
CITY-ST-ZIP HOUSTON, TX 77057

TITLE MGR  
NAME NASH, JOHN  
STREET ADDRESS 5647 SAN FELIPE, SUITE 3600  
CITY-ST-ZIP HOUSTON, TX 77057

TITLE MGR  
NAME WESTNEDGE, RICHARD  
STREET ADDRESS 5647 SAN FELIPE, SUITE 3600  
CITY-ST-ZIP HOUSTON, TX 77057

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

300109213468  
09/07/07--01035--024 \*\*50.00

**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:

*Kathryn K. Bimford*

6-5-07 713.580.1193

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

Date

Daytime Phone #