


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000098783 1. Entity Name TIMBUCKTU, LLC	
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FILED
Aug 08, 2008 08:00 AM
Secretary of State

Principal Place of Business 743 S.E. FORT KING STREET OCALA, FL 34470	Mailing Address P O BOX 4649 OCALA, FL 34478
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08062008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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

MARKS, LINDA
 743 S.E. FORT KING STREET
 OCALA, FL 34470

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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 _____

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.

UN00000957403
08/08/08-80001-014 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARKS, LINDA 743 S.E. FORT KING STREET OCALA, FL 34470
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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: *Linda Marks* **8-6-08** **352-622-2995**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #