2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L0000002712

TIMBERWILDE ENTERPRISES OF BONITA SPRINGS.

Principal Place of Business

8899 TIMBERWILDE DR

BONITA SPRINGS, FL 34135

Mailing Address

8899 TIMBERWILDE DR

BONITA SPRINGS, FL 34135

26/

FILED Apr 27, 2007 08:00 AM Secretary of State



04172007 No Chg-LLC

CR2E083 (11/05)

١.	FEI Number			Αŗ
	59-3631181			No
		A= A	6F 00	

5. Certificate of Status Desired

\$5.00 Additional Fee Required

plied For t Applicable

6. Name and Address of Current Registered Agent

BELCHER, STEPHEN P

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	PRINGS, FL 34135	IN THIS SPACE	
8. The above the obligation	named entity, submits this statement for the purpose of changing its registere- tions of registered agent.	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signatur, typed or printed name of registered agent and title if applicable (NOTE: Registered	Agent signature required when reinstating) DATE	
	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELCHER, STEPHEN P 8899 TIMBERWILDE DR STE 1 BONITA SPRINGS, FL 34135	V00000737690 05/11/07-80038-013 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONTE, TONIANN DMD PO BOX 235 SANIBEL, FL 33917	₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩	
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TITLE NAME STREET ADDRESS			

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 justee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE