Apr 10 08 01:36p THE CAMERON COMPANIES

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Apr 30, 2008 8:00 am
Secretary of State
04-30-2008 90021 036 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000002712

1. Entity Name
TIMBERWILDE ENTERPRISES OF BONITA SPRINGS, L.L.C.

50005165

Principal Place of Business	Mailing Address
8899 TIMBERWILDE DR 1 BONITA SPRINGS, FL 34135	8899 TIMBERWILDE DR 1 BONITA SPRINGS, FL 34135

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		1250 N. Tamiami Trail #101	
Suite, Apt. #, etc.		Suite, Apt. # etc. 101	
City & State		City & State Naples, FL	
Zip	Country	Zip 34102	Country Collier

01252008 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3631181 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BELCHER, STEPHEN P 8899 TIMBERWILDE DR STE 1 BONITA SPRINGS, FL 34135	Name Toniann Conte DMD Street Address (P.O. Box Number is Not Acceptable) 9400 Fountain Medical Court B101 City Bonita Springs FL Zip Code 34135

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 Toniann Conte DMD 4/10/08
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
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELCHER, STEPHEN P 8899 TIMBERWILDE DR STE 1 BONITA SPRINGS, FL 34135	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONTE, TONIANN DMD PO BOX 235 SANIBEL, FL 33917	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Toniann Conte DMD 4/10/08 239-947-6646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #