

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000002712

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** TIMBERWILDE ENTERPRISES OF BONITA SPRINGS, L.L.C.

**Current Principal Place of Business:**

8899 TIMBERWILDE DR  
1  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

1250 N TAMIAMI TRL 101  
NAPLES, FL 34102

**New Principal Place of Business:**

8899 TIMBERWILDE DR  
1  
BONITA SPRINGS, FL 34135 US

**New Mailing Address:**

C/O CAMERON REAL ESTATE SERVICES, INC  
1250 N. TAMIAMI TRAIL #101  
NAPLES, FL 34102 US

**FEI Number:** 59-3631181

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONTE, TONIANN DMD  
9400 FOUNTAIN MEDICAL COVER B101  
BONITA SPRINGS, FL 34135 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BELCHER, STEPHEN P  
Address: 8899 TIMBERWILDE DR STE 1  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGRM  
Name: CONTE, TONIANN DMD  
Address: PO BOX 235  
City-St-Zip: SANIBEL, FL 33917

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: TODD SABIN

MGR

04/26/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date