


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L00000016269 1. Entity Name TIMBER VALLEY LLC |  |
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|---|---|
| Principal Place of Business 3004 - 53RD AVE. EAST BRADENTON, FL 34203 | Mailing Address 3004 - 53RD AVE. EAST BRADENTON, FL 34203 |
|---|---|

DO NOT WRITE IN THIS SPACE



04272005No Chg-LLC

CR2E083 (10/03)

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 65-1085854 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent REASONER, SAMUEL A 3004 - 53RD AVE. EAST BRADENTON, FL 34203 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE _____

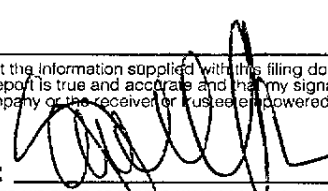
**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY ST ZIP | MGRM REASONER, SAMUEL A 3004 - 53RD AVE. EAST BRADENTON, FL 34203 |
| TITLE NAME STREET ADDRESS CITY ST ZIP | MGRM REASONER, ELIZABETH R 1135 TIMBER VALLEY ROAD COLORADO SPRINGS, CO 80919 |
| TITLE NAME STREET ADDRESS CITY ST ZIP | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | |
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| TITLE NAME STREET ADDRESS CITY ST ZIP | |

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U00000363029
05/05/05-80143-005 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____