2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000007023

1. Entity Name
DESIGN TIMBER II, LLC

Principal Place of Business	Mailing Address
12469 W SR 100 LAKE BUTLER, FL 32054	PO BOX 238 LAKE BUTLER, FL 32054

01072008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3030038
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, AVERY C
12469 W SR 100
LAKE BUTLER, FL 32054

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOWIII FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	VICKERS, SAMUEL H
STREET ADDRESS	2913 WESTSIDE BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	MGRM
NAME	BRANT, WILLIAM P
STREET ADDRESS	2913 WESTSIDE BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	MGRM
NAME	ROBERTS, AVERY
STREET ADDRESS	PO BOX 233
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/27/08-80007-016 143.75

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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: _____ 2-14-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #