

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90053 036 ****50.00

DOCUMENT # L02000015900 1. Entity Name TIMOTHY M. WILTFONG, L.L.C.					
Principal Place of Business BANK OF AMERICA BLDG. 200 E GRANADA BLVD ORMOND BEACH, FL 32176			Mailing Address 6 SAWMILL CT. PALM COAST, FL 32164		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 44 Eric Drive Suite, Apt. #, etc.			
City & State City: Palm Coast, FL		4. FEI Number 42-1550507		Applied For <input type="checkbox"/> Not Applicable	
Zip 32164		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILTFONG, TIMOTHY M 6 SAWMILL CT. PALM COAST, FL 32164			7. Name and Address of New Registered Agent Name: Wiltfong, Timothy M. Street Address (P.O. Box Number is Not Acceptable): 44 Eric Dr. City: Palm Coast FL Zip Code: 32164		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILTFONG, TIMOTHY 6 SAWMILL CT. PALM COAST, FL 32164 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgr Wiltfong, Timothy 44 Eric Dr. Palm Coast, FL 32164 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			3-7-05 386-503-3323		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		