


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90203 002 ****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 US	Mailing Address 44 ERIC DRIVE PALM COAST, FL 32164 US
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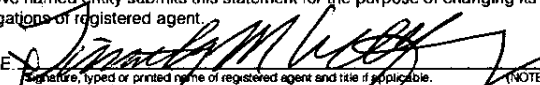
2. Principal Place of Business 1 Florida Park Dr. Suite, Apt. #, etc. Suite # 332 City & State Palm Coast, FL Zip 32137 Country U.S.A.	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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02242006 Chg-LLC CR2E083 (11/05)

4. FEI Number 42-1550507	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

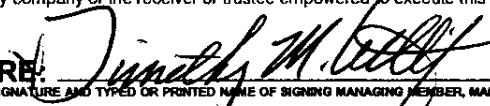
6. Name and Address of Current Registered Agent	
WILTFONG, TIMOTHY M 44 ERIC DRIVE PALM COAST, FL 32164	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 <u>2/28/06</u>

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILTFONG, TIMOTHY 44 ERIC DRIVE PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 	DATE <u>2/28/06</u> Daytime Phone # <u>386-586-5599</u>