

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90192 015 ****50.00

DOCUMENT # L02000017533

1. Entity Name
TIMBERLANE, LLC



Principal Place of Business
**2282 KILLEARN CENTER BLVD.
TALLAHASSEE, FL 32309**

Mailing Address
**2282 KILLEARN CENTER BLVD.
TALLAHASSEE, FL 32309**



2. Principal Place of Business
**1701 HERMITAGE BLVD.
Suite, Apt. #, etc.
SUITE 202**

3. Mailing Address
**1701 HERMITAGE BLVD.
Suite, Apt. #, etc.
SUITE 202**

04062004 Chg-LLC CR2E083 (10/03)

City & State
TALLAHASSEE, FL
Zip
32308 Country
USA

City & State
TALLAHASSEE, FL
Zip
32308 Country
USA

4. FEI Number
03-0474979 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**PARRISH, ROBERT R JR.
2282 KILLEARN CENTER BLVD.
TALLAHASSEE, FL 32308**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1701 HERMITAGE BLVD.

SUITE 202

City
TALLAHASSEE

FL

Zip Code
32308

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PARRISH, ROBERT R JR.
2282 KILLEARN CENTER BLVD.
TALLAHASSEE, FL 32308** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
RUDNICK, JAMES M
2282 KILLEARN CENTER BLVD.
TALLAHASSEE, FL 32308** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**1701 HERMITAGE BLVD. SUITE 202
TALLAHASSEE, FL 32308**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/14/04

Date

894.3330

Daytime Phone #