2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

FILED Apr 23, 2008 8:00 am Secretary of State

DOCUMENT # L02000021444 1. Entity Name TIMBER CREEK, LLC					04-23-2008 90121 030 ***138.75				
Principal Place of Business Mailing Address									
4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 32224-9667		4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 32224-9667							
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04222008	Chg-LLC	CR2E083 (12/06)	
City & State		City & State			4. FEI Number Applied For 05-0546497 Not Applicable				
Zip	Country Zip Cour		Country		5. Certificate of Status Desired S5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of Naw Registered Agent					
			Ni	me					
4315 PABI	AGEMENT SERVICES, LLC LO OAKS COURT, STE. 1 VILLE, FL 32224-9667			Street Address (P.O. Box Number is Not Acceptable)					
			Ci	tv			F . 1	Zip Code	
				<u> </u>	Γ Ι. ΄				
 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									
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							e check paya Department		
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES	•	
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NAME	SLG MANAGEMENT SERVICES,		NAME	Will	chael E	Braten	Cour		
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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.

CITY-ST-ZIP

NAME
STREET ADDRESS
4375