2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90047 034 ****50.00

0002205

DOCUMENT # L02000021444

1. Entity Name
TIMBER CREEK, LLC

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 05-0546497 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STOKES, E. CHESTER JR 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE FL 32224-9667	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM STOKES, E. CHESTER JR 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE FL 32224-9667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BERGMANN, THOMAS C 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE FL 32224-9667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BRAREN, MICHAEL E 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE FL 32224-9667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KUNKEL, JOHN C 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE FL 32224-9667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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 REQUIRED E. Chester Stokes, Jr. Managing Member 4/28/03 904/482-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #