

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000004504

1. Entity Name
TYMBER CREEK PLAZA, LLC



Principal Place of Business
444 SEABREEZE BLVD
STE 1000
DAYTONA BEACH, FL 32118

Mailing Address
444 SEABREEZE BLVD
STE 1000
DAYTONA BEACH, FL 32118



02212008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2315715	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LICHTIGMAN, CHARLES S
444 SEABREEZE BLVD
SUITE 1000
DAYTONA BEACH, FL 32118

**DO NOT WRITE
IN THIS SPACE**

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)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HOLUB, PAUL F JR.
STREET ADDRESS	675 N. BEACH STREET
CITY- ST- ZIP	ORMOND BEACH, FL 32174

TITLE	MGRM
NAME	LIGHTCO LIMITED PARTNERSHIP
STREET ADDRESS	444 SEABREEZE BLVD, STE 1000
CITY- ST- ZIP	DAYTONA BEACH, FL 32118

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: C. Lichtigman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/7/08 386-238-3600
Date Daytime Phone #