

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020348

FILED  
Feb 21, 2007  
Secretary of State

Entity Name: TIMBERLAND ADVISORY SERVICES, LLC

## Current Principal Place of Business:

3919 CORDOVA AVE.  
JACKSONVILLE, FL 32207

## New Principal Place of Business:

9428 BAYMEADOWS ROAD  
SUITE 230  
JACKSONVILLE, FL 32256

## Current Mailing Address:

3919 CORDOVA AVE.  
JACKSONVILLE, FL 32207

## New Mailing Address:

9428 BAYMEADOWS ROAD  
SUITE 230  
JACKSONVILLE, FL 32256

FEI Number: 32-0083399

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RITCH, TIM  
4362 DAVINCI AVE  
JACKSONVILLE, FL 32210 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: RITCH, TIM S MR.  
Address: 4362 DAVINCI AVE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM ( ) Delete  
Name: BOREE, GREG G MR  
Address: 2425 HOPKINS ST  
City-St-Zip: ORANGE PARK, FL 32073

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TIM RITCH

MGRM

02/21/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date