

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020348

FILED
Feb 20, 2008
Secretary of State

Entity Name: TIMBERLAND ADVISORY SERVICES, LLC

Current Principal Place of Business:

9428 BAYMEADOWS ROAD
SUITE 230
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9428 BAYMEADOWS ROAD
SUITE 230
JACKSONVILLE, FL 32256

New Mailing Address:

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:

RITCH, TIM
9428 BAYMEADOWS RD SUITE 230
JACKSONVILLE, FL 32256 US

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: TIM RITCH

02/20/2008

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: MGRM (X) Change () Addition
Name: RITCH, TIM S MR.
Address: 9428 BAYMEADOWS RD SUITE 230
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM (X) Change () Addition
Name: BOREE, GREG G MR
Address: 9428 BAYMEADOWS RD SUITE 230
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify 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

02/20/2008

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