2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 29, 2005 08:00 AM Secretary of State

| DOCUMENT # L03000020350 1. Entity Name TIMBERLY PROPERTIES, LLC | | | | Secretary or State |
|---|--|---|----------|--|
| 4420 N.W. 2 | e of Business 28TH WAY N, FL 33434 | Mailing Address 4420 N.W. 28TH WAY BOCA RATON, FL 33434 | | |
| | | - 22 , | 4 | |
| ` E | O NOT WRITE | IN THIS SPA | CE | 04262005 No Chg-LLC CR2E083 (10/03) 4. FEI Number 14-1887165 Aoplied For Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required |
| | 6. Name and Address of Current F | egistered Agent | <u> </u> | 1 66 / 10401160 |
| POOR PATON EL 20404 | | | | 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 of printed name of registered agent and title if apolicable. (NOTE Registered Agent signature required when reinstating)* DATE | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | | |
| 9. | MANAGING MEMBER | S/MANAGERS | | · m- · |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MANSOURIAN, GRETCHEN 4420 NW 28TH WAY BOCA RATON, FL 33434 | ₩. | }- | U00000343316 |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | 04/29/05-80092-805 50.00 |
| NAME STREET ADDRESS CITY+ST-ZIP | | | | DO NOT WRITE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | .3- | · · · · · · · · · · · · · · · · · · · | | IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | ======================================= | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | , | | e e |
| 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 AND EXPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: