2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031866

Entity Name: 382, LLC

Name:

Address:

TIMBERLAND ADVISORY, SERVICES, LLC

2425 HOPKINS STREET

City-St-Zip: ORANGE PARK, FL 32073 US

FILED Apr 19, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	6TH STREET LLE, FL 32601	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1425 NW 6TH STREET GAINESVILLE, FL 32601 US		4907 NW 43RD STREET, SUITE F GAINESVILLE, FL 32606 US			
FEI Number	: 20-0175461	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of Cu	rrent Registered Agent:	Name and Address	ame and Address of New Registered Agent:	
GAINESVI	6TH STREET LLE, FL 32601	US			
	e named entity su e of Florida.	bmits this statement for the	purpose of changing its register	ed office or registered agent, or both	
SIGNATU	RE:				
	Electronic	Signature of Registered Ag	ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () E CGT, LLC, 1425 NW 6TH ST GAINESVILLE, FI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () D PLA, JOHN 4307 NW 43RD S GAINESVILLE, FI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM (X) E WILBER, PATRIC PO BOX 2724 GAINESVILLE, FI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	MGRM (X) F)elete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN M PLA MGRM 04/19/2006