

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038548

FILED
Jun 28, 2005
Secretary of State

Entity Name: TIMOTHY HILLEY ATTORNEY AT LAW, L.L.C.

Current Principal Place of Business:

40 SOUTH 5TH STREET
DEFUNIAK SPRINGS, FL 32435

New Principal Place of Business:

1031 US HIGHWAY 90 WEST,
SUITE 3
DEFUNIAK SPRINGS, FL 32433

Current Mailing Address:

40 SOUTH 5TH STREET
DEFUNIAK SPRINGS, FL 32435

New Mailing Address:

1031 US HIGHWAY 90 WEST
SUITE 3
DEFUNIAK SPRINGS, FL 32433

FEI Number: 20-0299167 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HILLEY, TIMOTHY W
40 SOUTH 5TH STREET
DEFUNIAK SPRINGS, FL 32435 US

Name and Address of New Registered Agent:

HILLEY, TIMOTHY W
1031 US HIGHWAY 90 WEST
SUITE 3
DEFUNIAK SPRINGS, FL 32433 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:

06/28/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HILLEY, TIMOTHY W
Address: 40 SOUTH 5TH STREET
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HILLEY, TIMOTHY W
Address: 1031 US HIGHWAY 90 WEST, SUITE 3
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TIMOTHY W. HILLEY

MGR

06/28/2005

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