

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90038 020 \*\*\*\*50.00

**DOCUMENT # L03000051329**

1. Entity Name  
**TIMBER OAKS, LLC**



Principal Place of Business  
**4501 BEVERLY AVENUE  
JACKSONVILLE, FL 32210**

Mailing Address  
**4501 BEVERLY AVENUE  
JACKSONVILLE, FL 32210**

**20043681**



01312006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-4271002**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ATLEE, KENYON S  
4501 BEVERLY AVENUE  
JACKSONVILLE, FL 32210**

**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 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGRM</b>
NAME	<b>ATLEE, KENYON S</b>
STREET ADDRESS	<b>4501 BEVERLY AVE.</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32210</b>
TITLE	<b>Member</b>
NAME	<b>Crisp, Dale K.</b>
STREET ADDRESS	<b>4501 Beverly Avenue</b>
CITY-ST-ZIP	<b>Jacksonville, Florida 32210</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER

**Kenyon S. Atlee, Managing Member**  
**904 384-6964 April 18, 2006**

Daytime Phone # \_\_\_\_\_