

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016843

FILED  
May 02, 2006  
Secretary of State

Entity Name: TIM WHEELER ENTERPRISE LLC

**Current Principal Place of Business:**

6432 BARRINEAU LANE  
MOLINO, FL 32577 US

**New Principal Place of Business:**

**Current Mailing Address:**

6432 BARRINEAU LANE  
MOLINO, FL 32577 US

**New Mailing Address:**

FEI Number: 20-0814961      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:**

**Name and Address of New Registered Agent:**

WHEELER, NANCY E  
6432 BARRINEAU LANE  
MOLINO, FL 32577 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WHEELER, NANCY E  
Address: 6432 BARRINEAU LANE  
City-St-Zip: MOLINO, FL 32577

Title: MGRM ( ) Delete  
Name: WHEELER, TIMOTHY  
Address: 6432 BARRINEAU LANE  
City-St-Zip: MOLINO, FL 32577

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: WHEELER, JOEL T  
Address: 6432 BARRINEAU LANE  
City-St-Zip: MOLINO, FL 32577

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.

SIGNATURE: NANCY E. WHEELER

MGM

05/02/2006

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