


**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

20033975

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<b>DOCUMENT # L04000072716</b>				04-21-2006 90016 034 ****50.00	
1. Entity Name TIMBER PINES 7, LLC					
Principal Place of Business 3005 STATE ROAD 590, SUITE 200 CLEARWATER, FL 33759		Mailing Address 3005 STATE ROAD 590, SUITE 200 CLEARWATER, FL 33759			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
NASH, THOMAS C II 625 COURT STREET, SUITE 200 CLEARWATER, FL 33756		Name Street Address (P.O. Box Number is Not Acceptable) 3005 SR 590, SUITE 200 City CLEARWATER FL Zip Code 33759			
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] (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR HARRIS, MARSHALL S 3005 STATE ROAD 590, SUITE 200 CLEARWATER, FL 33759			TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]		
[Delete]			[Change] [Addition]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
[Delete]			[Change] [Addition]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
[Delete]			[Change] [Addition]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
[Delete]			[Change] [Addition]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
[Delete]			[Change] [Addition]		
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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					