## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L04000072716** 

1. Entity Name **TIMBER PINES 7. LLC** 



**FILED** Apr 25, 2008 08:00 AN Secretary of State

Principal Place of Business

3005 STATE ROAD 590, SUITE 200 CLEARWATER, FL 33759

Mailing Address

3005 STATE ROAD 590, SUITE 200 CLEARWATER, FL 33759



01222008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 34-2019584

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NASH, THOMAS CII **3005 STATE ROAD 590** SUITE 200 CLEARWATER, FL 33759

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<ol><li>The above named entity submits this statement for the purpose of chang the obligations of registered agent.</li></ol>	ging its registered office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE	(NOTE: Registered Ament signature regulard when reinstation)	DATE

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

MAINAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRIS, MARSHALL S 3005 STATE ROAD 590, SUITE 200 CLEARWATER, FL 33759
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MANAGING MEMBERS/MANAGERS

U00000921442 05/15/08-80006-024 138.75

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11. I hereby certify that the information supplied with this tiling 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, OR AUTHORIZED REPRESENTATIVE