


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90112 021 ****50.00

DOCUMENT # L05000002698	
1. Entity Name TIMMONS FAMILY PROPERTIES, L.L.C.	

Principal Place of Business 580 BAY CLIFF CIRCLE GULF BREEZE, FL 32561	Mailing Address 580 BAY CLIFF CIRCLE GULF BREEZE, FL 32561
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20051806



2. Principal Place of Business		3. Mailing Address P.O. BOX 12646	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #	
City & State		City & State PENSACOLA, FL	
Zip	Country	Zip	Country
		32591	USA

07182006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2134016	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent TIMMONS, RUBEN B 580 BAY CLIFF CIRCLE GULF BREEZE, FL 32561		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TIMMONS, RUBEN M 580 BAY CLIFF CIRCLE GULF BREEZE, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: X Ruben B. Timmons 8/2/06 (850) 969-9804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #