

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002698

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** TIMMONS FAMILY PROPERTIES, L.L.C.

**Current Principal Place of Business:**

580 BAY CLIFF CIRCLE  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 12646  
PENSACOLA, FL 32591

**New Mailing Address:**

**FEI Number:** 20-2134016

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TIMMONS, RUBEN B  
580 BAY CLIFF CIRCLE  
GULF BREEZE, FL 32561 US

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

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: MGR ( ) Delete  
Name: TIMMONS, RUBEN M  
Address: 580 BAY CLIFF CIRCLE  
City-St-Zip: GULF BREEZE, FL 32561

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: TIMMONS, RUBEN B  
Address: 580 BAY CLIFF CIRCLE  
City-St-Zip: GULF BREEZE, FL 32561

I hereby certify that the information supplied with this filing does not qualify 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:** RUBEN B. TIMMONS

MGR

04/23/2009

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