## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009242

Entity Name: TIMBER RIDGE, LLC

**FILED** Apr 28, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

800 N. MAGNOLIA AVENUE, SUITE 1500 7901 KINGSPOINTE PARKWAY ORLANDO, FL 32803

08

ORLANDO, FL 32819

**Current Mailing Address: New Mailing Address:** 

800 N. MAGNOLIA AVENUE, SUITE 1500 7901 KINGSPOINTE PARKWAY ORLANDO, FL 32803

ORLANDO, FL 32819

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

DEAN MEAD SERVICES, LLC BONILLA, CARLOS J ESQ 800 N. MAGNOLIA AVENUE, SUITE 1500 7901 KINGSPOINTE PARKWAY ORLANDO, FL 32803

ORLANDO, FL 32819 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: CARLOS J BONILLA, ESQ 04/28/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: (X) Change ( ) Addition () Delete BONILLA, CARLOS J ESQ. BONILLA, CARLOS J ESQ. Name: Name:

Address: 7751 KINGSPOINTE PARKWAY, SUITE 124 Address: 7901 KINGSPOINTE PARKWAY, SUITE 08

City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: CARLOS J BONILLA, ESQ 04/28/2006