


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 14, 2008 08:00 AM  
Secretary of State

DOCUMENT # L05000020401 1. Entity Name TIMBERLAKES AUDREY, LLC	
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Principal Place of Business 5792 DRUMMOND WAY NAPLES, FL 34119	Mailing Address 5792 DRUMMOND WAY NAPLES, FL 34119
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**DO NOT WRITE IN THIS SPACE**



01072008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 04-3807911	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  PURNELL, PATRICK H 5792 DRUMMOND WAY NAPLES, FL 34119
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PURNELL, PATRICK H 5792 DRUMMOND WAY NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, BLAKE 3815 VALENTIA WAY NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, AUDREY 3815 VALENTIA WAY NAPLES, FL 34119
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01/16/08-80008-013 138.75

**DO NOT WRITE  
IN THIS SPACE**

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: Patrick H. Purnell 1-9-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #