2007 LIMITED LIABILITY COMPANY ANNUAL REPORT				FILED Feb 12, 2007 08:00 AM	
DOCUMENT # L05000045126 1. Entity Name TIMBER VILLAS, L.L.C.				Secretary of State	
Principal Place of Business Mailing Address 600 S. MAIN AVENUE 600 S. MAIN AVENUE MINNEOLA, FL 34715 MINNEOLA, FL 34715				* IDENITY BY TOTOLOUIY ARXIV AND ORVERADIVE AND INDUCTION AND A	
DO NOT WRITE IN THIS SPACE				01042007 No Chg-LLC CR2E083 (11/05)   4. FEI Number 20-2932857 Applied For Not Applicable   5. Certificate of Status Desired \$5.00 Additional Fee Reguired	
6. Name and Address of Current Registered Agent CERILL, CATALDO 600 S. MAIN AVENUE MINNEOLA, FL 34715				DO NOT WRITE IN THIS SPACE	
the obliga SIGNATURE F D	tions of registered agent. Signature typed or printed name of registered Illing Fee Is \$50.00 Tue by May 1, 2007	egent and title if epohosole (NOTE: Registered	d Agent signature required	red agent, or both, in the State of Florida. I am familiar with, and accept d when reinstating) DATE	
9. TITLE NAME STREET ADORESS CITY-ST-ZIP	MANAGING M MGR CERILLI, CATALDO 600 S. MAIN AVENUE MINNEOLA, FL 34715	EMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR PLUMMER, FRED K 600 S. MAIN AVENUE MINNEOLA, FL 34715			U00000632898 02/21/07~80040-014 50.00	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				DO NOT WRITE IN THIS SPACE	
STREET ADDRESS CITY-ST-ZIP TITLE NAME		<u> </u>			
STREET ADORESS CITY-SI-ZIP TITLE NAME					
STREET ADDRESS CITY-ST-ZIP 11. I hereby indicated	f on this report is true and accura	ie and that my signature shall have the sar	me legal effect as i	ed in Chapter 119, Florida Statutes. I further certify that the information if made under cath; that I am a managing member or manager of the	
limited lik	ability company or the receiver or	trustee empowered to execute this report a <u>CSUL</u> <u>CATAL</u> . AME OF SKONING MANAGING MEMBER, OR AUTHORIZO	bo CR	apter 608, Florida Statutes. ILLI CHEROT Date Devime Proce #	