

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102953

FILED
Apr 18, 2007
Secretary of State

Entity Name: TIMBER TRAIL LOT 16, LLC

Current Principal Place of Business:

200 S. BISCAYNE BLVD.
54TH FLOOR
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

200 S. BISCAYNE BLVD.
54TH FLOOR
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 20-3651187 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIPC CORPORATE REGISTERED AGENTS, INC.
100 SE 2ND STREET
34TH FLOOR
MIAMI, FL 33131 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: MGRM () Delete
Name: ALTERS, JEREMY
Address: 200 S. BISCAYNE BLVD., 54TH FLOOR
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM () Delete
Name: HANNON, JAMES
Address: 15841 SW 83RD AVE
City-St-Zip: PALMETTO BAY, FL 33157

Title: MGRM () Delete
Name: CARTWRIGHT, CHARLES
Address: 756 GRANADA DRIVE
City-St-Zip: BOCA RATON, FL 33432 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JEREMY ALTERS

MGRM

04/18/2007

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