
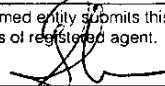
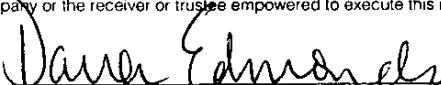


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90226 014 ****50.00

| | | | | | |
|---|--|--|--|---|---|
| DOCUMENT # L05000113042 | | | |  | |
| 1. Entity Name TIMMERMAN'S WALK, LLC | | | | | |
| Principal Place of Business 9309-A OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32257 | | | Mailing Address 9309-A OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32257 | | |
| 2. Principal Place of Business - No P.O. Box # 9309 Old Kings Rd. S. | | 3. Mailing Address 9309 Old Kings Rd. S. | | | |
| Suite, Apt. #, etc. 1-A | | Suite, Apt. #, etc. 1-A | | | |
| City & State Jacksonville, FL | | City & State Jacksonville, FL | | 4. FEI Number 20-4775805 | |
| Zip 32257 Country US | | Zip 32257 Country US | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 03292007 Chg-LLC CR2E083 (12/06) | |
| 6. Name and Address of Current Registered Agent INTREPID REGISTERED AGENT SERVICES, LLC ONE INDEPENDENT DRIVE SUITE 1200 JACKSONVILLE, FL 32202 | | | 7. Name and Address of New Registered Agent Name Gloria Menchero Street Address (P.O. Box Number is Not Acceptable) 9309 Old Kings Rd. S. #1-A City Jacksonville, FL Zip Code 32257 | | |
| 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  | | | DATE 4/02/07 | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MPST EDMONDS, DANA 9309-A OLD KINGS ROAD JACKSONVILLE, FL 32257 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MVP CUTTS, BILL 9309-A OLD KINGS ROAD JACKSONVILLE, FL 32257 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  | | | Date 4/02/07 (904) 737-9322 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |