## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000053164

Name:

Address:

City-St-Zip:

TULLY, PAUL D

4757 BLACKBERRY DRIVE

WEST MELBOURNE, FL 329049712 US

Entity Name: TIMBERKRAFT LOG HOMES. LLC

FILED Jun 25, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4757 BLACKBERRY DRIVE WEST MELBOURNE, FL 329049712 US **Current Mailing Address: New Mailing Address:** 4757 BLACKBERRY DRIVE WEST MELBOURNE, FL 329049712 US FFI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BACHMAN, ANNEMARIE 4757 BLACKBERRY DRIVE WEST MELBOURNE, FL 329049712 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete BACHMAN, ANNEMARIE Name: Name: 4757 BLACKBERRY DRIVE Address: Address: City-St-Zip: WEST MELBOURNE, FL 329049712 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: BACHMAN, ROBERT C Name: Address: 4757 BLACKBERRY DRIVE Address: City-St-Zip: WEST MELBOURNE, FL 329049712 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition TULLY, DANIELLE M Name: Name: 4757 BLACKBERRY DRIVE Address: Address: City-St-Zip: WEST MELBOURNE, FL 329049712 US City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ANNEMARIE BACHMAN MGR 06/25/2008