

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90055 038 ***138.75

DOCUMENT # L07000087975 1. Entity Name TIMOTHY LANE INSTALLATIONS, LLC					
Principal Place of Business 2933 OAK GROVE AVE SAINT AUGUSTINE, FL 32092 US			Mailing Address 2933 OAK GROVE AVE SAINT AUGUSTINE, FL 32092 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent LANE, LANE 2933 OAK GROVE AVE SAINT AUGUSTINE, FL 32092			7. Name and Address of New Registered Agent Name LANE, TIMOTHY Street Address (P.O. Box Number is Not Acceptable) SAME City FL Zip Code		
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 <i>Timothy Lane</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		<i>Timothy Lane</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE 1/7/08	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANE, TIMOTHY 2933 OAK GROVE AVE SAINT AUGUSTINE, FL 32092 <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: <i>Timothy Lane</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE 1/7/07		DAYTIME PHONE # 904 501-7811

