

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90269 003 ****50.00

DOCUMENT # L98000001877

1. Entity Name
TIMBERCREEK OF NORTH PENSACOLA, L.C.



Principal Place of Business
SUITE 201, THE WALKER BUILDING
547 NORTH MONROE STREET
TALLAHASSEE, FL 32315-3547

Mailing Address
P.O. BOX 3547
TALLAHASSEE, FL 32315-3547

24025048



03082004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3536094

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BREWSTER, JAMES R
547 NORTH MONROE STREET, SUITE 203
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BREWSTER, TOM E C.P.A. 101 S. JEFFERSON ST. PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STIDHAM, JAMES A SR. SUITE 201, WALKER BLDG./547 N MONROE ST. TALLAHASSEE, FL 323153547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STIDHAM, JAMES A JR. SUITE 201, WALKER BLDG./547 N MONROE ST. TALLAHASSEE, FL 323153547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BREWSTER, REGINA P 2212 YAUPON DRIVE TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #