

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000000588**

1. Entity Name  
**TIMOTHY PARTNERS, L.C.**



Principal Place of Business  
**1304 W. FAIRBANKS AVENUE  
WINTER PARK, FL 32789**

Mailing Address  
**1304 W. FAIRBANKS AVENUE  
WINTER PARK, FL 32789**



01132006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3558594**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ALLY, ARTHUR D  
1304 W. FAIRBANKS AVENUE  
WINTER PARK, FL 32789**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	ALLY, ARTHUR D
STREET ADDRESS	1304 W. FAIRBANKS AVENUE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100001391122  
01/24/06-80028-007 55.00

**DO NOT WRITE  
IN THIS SPACE**

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: TIMOTHY PARTNERS, L.C. ALLY, ARTHUR D 01/13/06 407 644 1986  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #