## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Jul 16, 2007 8:00 am Secretary of State DOCUMENT # L99000000588 07-16-2007 90042 006 \*\*\*\*55 00 TIMOTHY PARTNERS, L.C. Principal Place of Business Mailing Address 60052687 1304 W. FAIRBANKS AVENUE 1304 W. FAIRBANKS AVENUE WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1055 Maitland Center Commons 1065 Maitland Center Commons Suite, Apt. #, etc. 07112007 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For Paitland 59-3558594 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired US US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALLY, ARTHUR D Street Address (P.O. Box Number is Not Acceptable) 1304 W. FAIRBANKS AVENUE WINTER PARK, FL 32789 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, 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 September 14, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGR TITLE Change ☐ Delete ☐ Addition ALLY, ARTHUR D NAME NAME 1055 Maitland Center Commons 1304 W. FAIRBANKS AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP Maitland FL 32751 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**