

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L99000002347

1. Entity Name
TIMMAD, LLC



Principal Place of Business
6260 DUPONT STATION CT.
SUITE D
JACKSONVILLE, FL 32217

Mailing Address
6260 DUPONT STATION CT.
SUITE D
JACKSONVILLE, FL 32217

DO NOT WRITE IN THIS SPACE

**FILED
Jan 19, 2006 8:00 am
Secretary of State**

01-19-2006 90063 001 ****50.00



01102006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3598924	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

KELLY, TIMOTHY P
1016 LASALLE STREET
JACKSONVILLE, FL 32207

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRICE, SAMUEL 6260 DUPONT STATION CT, SUITE D JACKSONVILLE, FL 32217
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

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

Samuel Price

1/10/06 9043671700 x1

Date

Daytime Phone #