## 2007 LIMITED LIABILITY COMPANY

## Jan 18, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # M01000002465** 1. Entity Name TIMBER/FL, L.L.C. 01-18-2007 90015 027 \*\*\*\*50.00 Principal Place of Business Mailing Address 1060 W. STATE RD 434 1548 REDWOOD GROVE TERRACE SUITE 112 LAKE MARY, FL 32746 LONGWOOD, FL 32750 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1721 Bridgewater Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For ake mary. 58-2357556 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired semino le Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TIMMONS, MICHAELS 1548 REDWOOD GROVE TERRACE Street Address (P.O. Box Number is Not Acceptable) LAKE MARY, FL 32746 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Recostered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGR TITLE TITLE □ Delete **С** Change Addition TIMMONS, MICHAEL S NAME NAME 1726 Bridgewater Drive STREET ADDRESS 1548 REDWOOD GROVE TERRACE STREET ADORESS CITY-ST-ZIP LAKE MARY, FL 32746 CITY-ST-ZIP LAKE MARY, FL 32746 MGR TITLE ☐ Detete TITLE Thange ☐ Addition BERCU, DOUGLAS NAME NAME 2954 WINDSTONE CIRCLE STREET ADDRESS 3170 PALISADES CT. STREET ADDRESS CITY-ST-ZIP MARIETTA, GA 30067 CITY-ST-ZIP MARIETTA, CA 30062 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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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.

NTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE