

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90272 007 \*\*\*138.75

60014644



02062008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # M01000002465</b>	
1. Entity Name TIMBER/FL, L.L.C.	

Principal Place of Business 1060 W. STATE RD 434 SUITE 112 LONGWOOD, FL 32750	Mailing Address 1721 BRIDGEWATER DRIVE LAKE MARY, FL 32746
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address 1726 Bridgewater Drive  Suite, Apt. #, etc.
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City & State  Lake Mary, FL	4. FEI Number 58-2357556	Applied For Not Applicable
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Zip 32746	Country Seminole	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  TIMMONS, MICHAEL S 1548 REDWOOD GROVE TERRACE LAKE MARY, FL 32746		7. Name and Address of New Registered Agent Name Timmons, Michael S Street Address (P.O. Box Number is Not Acceptable) 1726 Bridgewater Drive City Lake Mary FL Zip Code 32746	
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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.		2/6/08
SIGNATURE:	DATE	

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TIMMONS, MICHAEL S 1726B BRIDGEWATERB DR LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERCU, DOUGLAS 2954 WINDSTONE CIRCLE MARIETTA, GA 30062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:	2/5/08	407-830-8863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		