


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M98000001476</b> 1. Entity Name TIMBERLAKE ASSOCIATES, L.L.C.	
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Principal Place of Business 4425 CORPORATION LANE, SUITE 400 VIRGINIA BEACH, VA 23462	Mailing Address 4425 CORPORATION LANE, SUITE 400 VIRGINIA BEACH, VA 23462
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01092006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 54-0936458	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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	<b>DO NOT WRITE IN THIS SPACE</b>
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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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

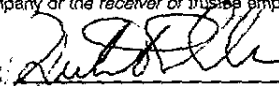
**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAPOLITANO, FREDERICK J 4425 CORPORATION LANE, SUITE 400 VIRGINIA BEACH, VA 23462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OLIVIERI, RICHARD E 4425 CORPORATION LANE, SUITE 400 VIRGINIA BEACH, VA 23462
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01/18/06-80034-016 50.00

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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:**  **Richard E. Olivieri** **1-9-06** **757-490-314**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #