

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90114 021 \*\*\*\*50.00

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<b>DOCUMENT # M98000001476</b> 1. Entity Name TIMBERLAKE ASSOCIATES, L.L.C.			
Principal Place of Business 4425 CORPORATION LANE, SUITE 400 VIRGINIA BEACH, VA 23462		Mailing Address 4425 CORPORATION LANE, SUITE 400 VIRGINIA BEACH, VA 23462	
2. Principal Place of Business - No P.O. Box # 4460 Corporation Lane Suite, Apt. #, etc. Suite 300 City & State Virginia Beach, VA Zip 23462		3. Mailing Address 4460 Corporation Lane Suite, Apt. #, etc. Suite 300 City & State Virginia Beach, VA Zip 23462	
01152007    Chg-LLC    CR2E083 (12/06)		4. FEI Number 54-0936458	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL    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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4460 Corporation Lane, Suite 300 VIRGINIA BEACH, VA 23462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OLIVIERI, RICHARD E 4425 CORPORATION LANE, SUITE 400 VIRGINIA BEACH, VA 23462	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4460 Corporation Lane, Suite 300 Virginia Beach, VA 23462
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
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
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.			
<b>SIGNATURE:</b>		Member: Richard E. Olivieri    1/22/07    757-490-3141	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date    Daytime Phone #	