


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000106191  
 1. Entity Name  
 SE TIMBER LLC



Principal Place of Business 5345 ORTEGA BOULEVARD SUITE 7 JACKSONVILLE, FL 32210	Mailing Address 5345 ORTEGA BOULEVARD SUITE 7 JACKSONVILLE, FL 32210
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**DO NOT WRITE IN THIS SPACE**



02012007No Chg-LLC      CR2E083 (11/05)

4. FEI Number 56-2569145	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

SHROADS, JAMES L ATTY  
 914 ATLANTIC AVENUE  
 SUITE 2E  
 FERNANDINA BEACH, FL 32034

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

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEDEKIND, LEE D 5345 ORTEGA BOULEVARD, SUITE 7 JACKSONVILLE, FL 32210
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 02/09/07-80019-022 150.00

**DO NOT WRITE 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: Lee D. Wedekina      ORIGINAL SIGNED BY      LEE D. WEDEKIND, JR.      2/1/07      904 388 0068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #