


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A.
Secretary of State

DOCUMENT # L05000106191 1. Entity Name SE TIMBER LLC	
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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



04152008No Chg-LLC CR2E083 (12/07)

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000902363
 04/30/08-80003-018 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	WEDEKIND, LEE D
STREET ADDRESS	5345 ORTEGA BOULEVARD, SUITE 7
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: Lee D Weckind Jr LEE D WEDEKIND JR 4-15-08 904 388 0068

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