

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115050

FILED  
Jan 04, 2008  
Secretary of State

Entity Name: TIMBER HARVESTERS, LLC

**Current Principal Place of Business:**

12166 NORTH STATE ROAD 53  
MADISON, FL 32340 US

**New Principal Place of Business:**

**Current Mailing Address:**

12166 NORTH STATE ROAD 53  
MADISON, FL 32340 US

**New Mailing Address:**

FEI Number: 20-3893132

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEBB, GARY  
12166 NORTH STATE ROAD 53  
MADISON, FL 32340 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WEBB, GARY  
Address: 12166 NORTH STATE ROAD 53  
City-St-Zip: MADISON, FL 32340 US

Title: LP ( ) Delete  
Name: HARDEE, CARY A II  
Address: 215 SE PINCKNEY ST  
City-St-Zip: MADISON, FL 32340

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: LP (X) Change ( ) Addition  
Name: HARDEE, CARY A II  
Address: 215 SE PINCKNEY ST  
City-St-Zip: MADISON, FL 32340

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GARY WEBB

MGR

01/04/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date