

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # M04000005544  
 1. Entity Name  
 STUART LAND & TIMBER, L.L.C.



Principal Place of Business      Mailing Address  
 115 WILLIAMS AVENUE SUITE B      115 WILLIAMS AVENUE SUITE B  
 PICAYUNE, MS 39466      PICAYUNE, MS 39466

**DO NOT WRITE IN THIS SPACE**



01042008No Chg-LLC      CR2E083 (12/07)

4. FEI Number 64-0900108	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CRABTREE, CHIP  
 8702 PERIMETER PARK BLVD.  
 JACKSONVILLE, FL 32216

**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 \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STUART, E.C. JR. P.O. BOX 550 PICAYUNE, MS 39466
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STUART, DEBORAH J P.O. BOX 550 PICAYUNE, MS 39466
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000791039  
 01/23/08-80060-016 138.75

**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: EC Stuart      1-15-08

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