## 2007 LIMITED LIABILITY COMPANY

## Apr 25, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L06000009381** 04-25-2007 90039 046 \*\*\*\*50.00 SUWANNEE RIVER RECOVERY WOOD, LLC Principal Place of Business Mailing Address 2251 RABON ROAD 2251 RABON ROAD MONTICELLO, FL 32344 US US MONTICELLO, FL 32344 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 3 Not Applicable 20-4265 Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HATCHER, H. FRANKLIN Street Address (P.O. Box Number is Not Acceptable) 2251 RABON ROAD MONTICELLO, FL 32344 City Zip Code FL 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 Signature, typig or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstation) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE DITE Delete Change ☐ Addition HATCHER, H. FRANKLIN NAME NAME STREET ADDRESS 2251 RABON ROAD STREET ADDRESS CITY-ST-ZIP MONTICELLO, FL 32344 CITY-ST-ZIP TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition HATCHER, ANN W NAME NAME STREET ADDRESS 2251 RABON ROAD STREET ADDRESS CITY-ST-ZIP MONTICELLO, FL 32344 CHY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP INTLE Delete THLE ☐ Change Addition NAME NAME

**FILED** 

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

ME A MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## GLIENT DOCUMENT/#L06000009381 1. Entity Name SUWANNEE RIVER RECOVERY WOOD, LLC COPY Principal Place of Business Mailing Address C. Luther Pickels, C.P.A. 2251 RABON ROAD 2251 RABON ROAD US US MONTICELLO, FL 32344 MONTICELLO, FL 32344 100040355 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 97 20-4265 Not Applicable Zip Cot ntry Country Zio \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HATCHER, H. FRANKLIN Street Address (P.O. Box Number is Not Acceptable) 2251 RABON ROAD MONTICELLO, FL 32344 City 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, typed or printed name of registered agent and stie if applicable. (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Delete TITLE ☐ Change □ Addition NAME HATCHER, H. FRANKLIN NAME 2251 RABON ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MONTICELLO, FL 32344 CITY - ST - ZIP MGR ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME HATCHER, ANN W NAME STREET ADDRESS 2251 RABON ROAD STREET ADDRESS CITY-ST-ZIP MONTICELLO, FL 32344 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete THILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Dare Daytime Phone #

ATTACHMENT