


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

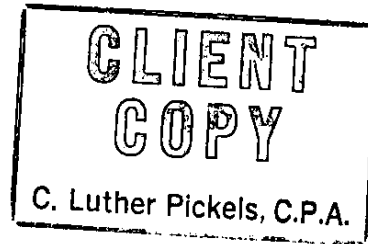
FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90039 046 ****50.00

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| DOCUMENT # L06000009381 1. Entity Name SUWANNEE RIVER RECOVERY WOOD, LLC | | | |  | |
| Principal Place of Business 2251 RABON ROAD MONTICELLO, FL 32344 US | | | Mailing Address 2251 RABON ROAD MONTICELLO, FL 32344 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 04232007 Chg-LLC CR2E083 (12/06) | |
| Zip | | Country | | 4. FEI Number 20-4265297 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent HATCHER, H. FRANKLIN 2251 RABON ROAD MONTICELLO, FL 32344 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (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 | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HATCHER, H. FRANKLIN 2251 RABON ROAD MONTICELLO, FL 32344 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HATCHER, ANN W 2251 RABON ROAD MONTICELLO, FL 32344 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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: <u>H F Hatcher</u> <u>MGR</u> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |
| Date Daytime Phone # | | | | | |

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ATTACHMENT



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| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 20-4265297 Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | 04232007 Chg-LLC CR2E083 (12/06) | | | |
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| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |
| <small>Date</small> | | | | <small>Daytime Phone #</small> | |