

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000008158

1. Entity Name
BEAR BAY TIMBER COMPANY, LLC



Principal Place of Business
5772 TIMUQUANA ROAD
JACKSONVILLE, FL 32210

Mailing Address
5772 TIMUQUANA ROAD
JACKSONVILLE, FL 32210



01112005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3658958

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

KENYON, MATTHEW E
5772 TIMUQUANA ROAD
JACKSONVILLE, FL 32210

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|------------------------|
| TITLE | MGRM |
| NAME | KENYON, MATTHEW E SR. |
| STREET ADDRESS | 5772 TIMUQUANA ROAD |
| CITY-ST-ZIP | JACKSONVILLE, FL 32210 |
| TITLE | MEM |
| NAME | KENYON, MARISA D |
| STREET ADDRESS | 5772 TIMUQUANA ROAD |
| CITY-ST-ZIP | JACKSONVILLE, FL 32210 |
| TITLE | MEM |
| NAME | KENYON, DANA W |
| STREET ADDRESS | 5772 TIMUQUANA ROAD |
| CITY-ST-ZIP | JACKSONVILLE, FL 32210 |
| TITLE | MEM |
| NAME | KENYON, MATTHEW E JR |
| STREET ADDRESS | 5772 TIMUQUANA ROAD |
| CITY-ST-ZIP | JACKSONVILLE, FL 32210 |
| TITLE | MEM |
| NAME | KENYON, RITA N |
| STREET ADDRESS | 5772 TIMUQUANA ROAD |
| CITY-ST-ZIP | JACKSONVILLE, FL 32210 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

MATTHEW E. KENYON, SR.

Date

1/11/05

Daytime Phone #

(904) 771-0833