


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000008158 1. Entity Name BEAR BAY TIMBER COMPANY, LLC	
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Principal Place of Business 5772 TIMUQUANA ROAD JACKSONVILLE, FL 32210	Mailing Address 5772 TIMUQUANA ROAD JACKSONVILLE, FL 32210
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01232006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3658958	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KENYON, MATTHEW E 5772 TIMUQUANA ROAD JACKSONVILLE, FL 32210

**DO NOT WRITE
IN THIS SPACE**

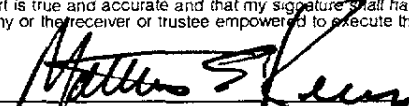
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>
(NOTE: Registered Agent signature required when re-registering)
DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

1100000420421
02/15/06-80064 016 50.00

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

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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: 	Date 1/31/06	Daytime Phone # 904 394-8258
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE</small>		