

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008158

FILED
Feb 09, 2009
Secretary of State

Entity Name: BEAR BAY TIMBER COMPANY, LLC

Current Principal Place of Business:

5772 TIMUQUANA ROAD
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

5772 TIMUQUANA ROAD
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-3658958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENYON, MATTHEW E
5772 TIMUQUANA ROAD
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KENYON, MATTHEW E SR.
Address: 5772 TIMUQUANA ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: MEM () Delete
Name: KENYON, MARISA D
Address: 5772 TIMUQUANA ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: MEM () Delete
Name: KENYON, DANA W
Address: 5772 TIMUQUANA ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: MEM () Delete
Name: KENYON, MATTHEW E JR
Address: 5772 TIMUQUANA ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: MEM () Delete
Name: KENYON, RITA N
Address: 5772 TIMUQUANA ROAD
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: KENYON, MARISA D
Address: 5772 TIMUQUANA ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGR (X) Change () Addition
Name: KENYON, DANA W
Address: 5772 TIMUQUANA ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGR (X) Change () Addition
Name: KENYON, MATTHEW E JR
Address: 5772 TIMUQUANA ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGR (X) Change () Addition
Name: KENYON, RITA N
Address: 5772 TIMUQUANA ROAD
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MATTHEW E. KENYON

MGRM

02/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date