

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012215

1. Entity Name
MID-BAY LAND & TIMBER, L.L.C.

Principal Place of Business Mailing Address
105 PARK AVENUE 105 PARK AVENUE
NICEVILLE FL 32578 NICEVILLE FL 32578

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3677258 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CRUM, JAMES C
105 PARK AVENUE
NICEVILLE FL 32578

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4506 Hwy 20 E, Ste 250
Niceville FL 32578

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.

SIGNATURE: [Signature] DATE: [Blank]

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

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-10/25/01--01029--009
****100.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE President
NAME James Crum
STREET ADDRESS 4506 Hwy 20 E Ste 250
CITY-ST-ZIP Niceville FL 32578

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS \$50.00
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] SIGNATURE REQUIRED

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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