

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90039 035 \*\*\*\*50.00

**DOCUMENT # L01000001645**

1. Entity Name

**TIMBER HARVESTING & DEVELOPMENT, LLC**



Principal Place of Business

531 NE 259TH ST.  
CROSS CITY FL 32628

Mailing Address

531 NE 259TH ST.  
CROSS CITY FL 32628

2. Principal Place of Business

3. Mailing Address

**PO Box 2568**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Cross City, FL**

4. FEI Number

**59-3695831**

Applied For

Not Applicable

Zip

Country

Zip

**32628**

Country

**DIXIE**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BECKHAM, T.L.  
531 NE 259TH ST.  
CROSS CITY FL 32628**

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

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

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006**

**ck# 2873 Attached 4/24/06**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BECKHAM, T L  
531 NE 259TH ST.  
CROSS CITY FL 32628**

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

**T.L. Beckham**  
**Lex Beckham**

**4/24/06**

**352-488-2604**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #