


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2008 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L01000001645 |  |
| 1. Entity Name TIMBER HARVESTING & DEVELOPMENT, LLC | |

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|--|--|
| Principal Place of Business 16291 SE HWY 19 CROSS CITY, FL 32628 | Mailing Address PO BOX 2568 CROSS CITY, FL 32628 |
|--|--|

DO NOT WRITE IN THIS SPACE



03252008 No Chg-LLC CR2E083 (12/07)

| | |
|--|-------------------------------|
| 4. FEI Number 59-3695831 | 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

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BECKHAM, T L 531 NE 259TH ST. CROSS CITY, FL 32628 |
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04/18/08-80068-001 138.75

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 606, Florida Statutes.

SIGNATURE:  **04/7/08 (352) 498-2604**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #